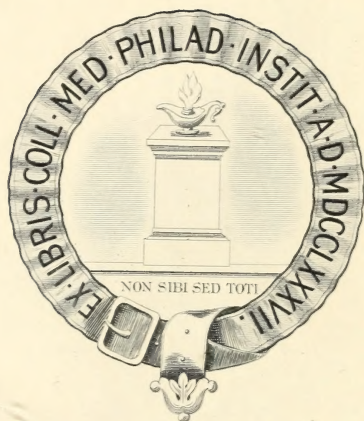




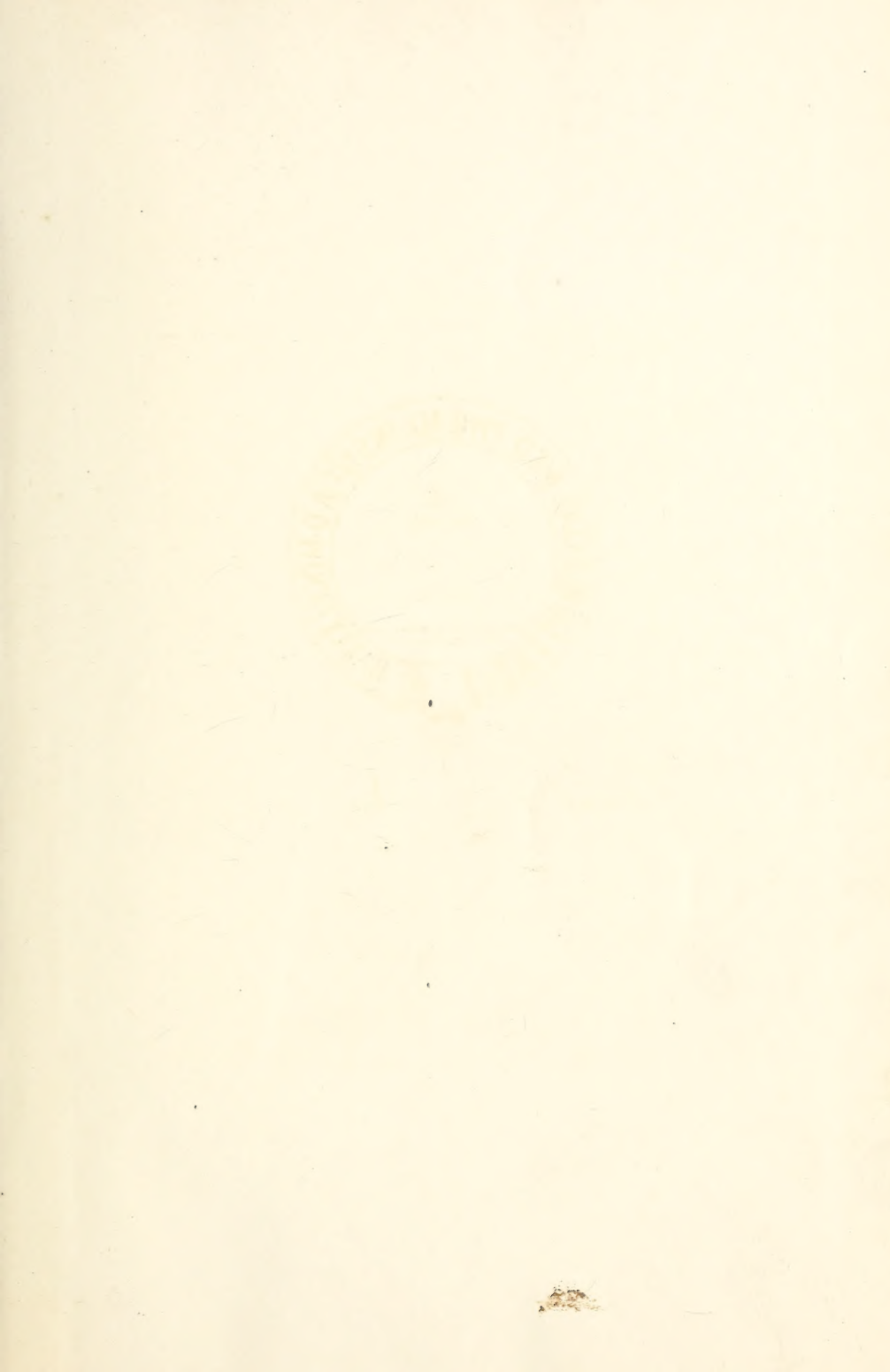
68531



Class _____ No _____

IN EXCHANGE.

2.35





Digitized by the Internet Archive
in 2013

<http://archive.org/details/homoeopa12chic>



See Special Offer on Third Page of Cover.

Subscription: Two Dollars a Year, Twenty cents a Number.

AMERICAN HOMŒOPATHIST

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL AND SANITARY SCIENCE.

J. P. MILLS, M.D., Editor.

Vol. I.

JULY, 1877.

IN EXCHANGE.

No. 1.

CONTENTS

SALUTATORY	1	INDIVIDUALIZATION VS. GENERALIZATION. A. L. Marcy.	18
ON THE USE OF MYDRIATICS IN EYE DISEASES. C. H. Vilas	3	ANTE-PARTUM HÆMORRHAGE CONTROLLED BY PRESSURE ON THE FETUS. R. N. Foster.	21
FOREIGN BODIES IN CHILDREN'S GULLETS.	6	FOOD FOR INFANTS. J. P. Mills.	23
REMEDIAL INDICATIONS FOR INFANTILE DIARRHŒA. J. P. Mills.	7	SURGICAL CLINIQUE. Charles Adams.	24
Aconite, Æthusa, Antimonium crud., Apis, Argentum nit., Arsenicum, Belladonna, Calcarea carb., Calcarea phos., Chamomilla, Colocynth., Croton tig., Ipecac, Lycopodium, Magnesia carb., Mercurius, Nux vomica, Phos. acid., Podophyllin, Veratrum.		NEW PUBLICATIONS.	29
URTICA FOR CORNS.	9	Clinical Therapeutics.	
CLINICAL HINTS. T. S. H.	10	RECENT LITERATURE.	30
SYNCHRONOUS ANCHYLOSIS OF LEFT SHOULDER AND RIGHT KNEE. C. H. Von Tagen.	11	Fairless Operation.—Viburnum opulus.—Oblietion of Cicatrices.—Aconite in Fever.—A Proving of Cannabis Indica.—How to Prevent Desquamation in Scarlet Fever.—Santonin.—Another Proving of Belladonna.—Cockroaches in Dropsy.—An Accidental Proving of Nitrite of Amyl.	
MEDICAL GLEANINGS.	16	MEDICAL MEMORANDA.	36
Lac Canium in Diphtheria.—Stuttering and Stammering.—The Action of Merc. cor.—Preventive of Syphilis.		The Butterfly Ball.—Chicago as a Summer Resort.—Personals.—Items of Interest.—Necrological.—Society Summary.	

CHICAGO:

A. L. CHATTERTON AND COMPANY,

No. 121 DEARBORN STREET.

AUG 25 1905

CHICAGO

Homœopathic College

WINTER TERM.

The Winter Session of 1877-8 will open on October 3d, and continue twenty-six weeks. This College has a full corps of experienced professors, each of whom devotes special study to the branch he teaches. Particular instruction is given in all practical branches, with abundant illustration from the largest Homœopathic medical, surgical, and obstetrical clinic in the west.

FACULTY AND TRUSTEES.

- | | |
|---|---|
| GEO. E. SHIPMAN, A.M., M.D., Emeritus Professor of Materia Medica. | W. H. WOODVATT, M.D., Professor of Ophthalmology and Otology. |
| H. P. GATCHELL, A.M., M.D., Emeritus Professor of Physiology and Hygiene. | E. M. HALE, M.D., Professor of Materia Medica and Therapeutics. |
| RODNEY WELCH, A.M., M.D., Emeritus Professor of Chemistry and Toxicology. | A. W. WOODWARD, M.D., Professor of Analytical and Comparative Materia Medica. |
| LEONARD PRATT, M.D., Emeritus Prof. of Special Pathology and Diagnosis. | E. H. PRATT, A.M., M.D., Professor of Anatomy. |
| J. S. MITCHELL, A.M., M.D., Professor of Theory and Practice in Clinical Medicine. | J. K. KIPPAK, LL. B., M.D., Professor of Dermatology and Medical Jurisprudence. |
| ALBERT G. BEEBE, A.M., M.D., Professors of Principles and Practice of Surgery and Clinical Surgery. | R. N. TOOKER, M.D., Professor of Physiology. |
| CHARLES ADAMS, M.D., | N. B. DELAMATER, M.D., Lecturer on Electro-Therapeutics and Special Nervous Diseases. |
| WILLIS DANFORTH, M.D., Professor of Gynecological Surgery. | L. C. GROSVENOR, M.D., Adj't Professor of Theory and Practice. |
| JOHN W. STREEFER, M.D., Professor of Diseases of Women and Children. | A. L. MARCY, M.D., Lecturer on Chemistry and Toxicology. |
| R. N. FOSTER, A.M., M.D., Professor of Obstetrics. | |

Persons desirous of obtaining further information respecting this course are requested to communicate with

CHARLES ADAMS, Secy., 1143 Wabash Ave.

THE
American Homœopathist.

A MONTHLY JOURNAL OF MEDICAL, SURGICAL,
AND SANITARY SCIENCE.

Vol. I.—JULY, 1877.—No. 1.

SALUTATORY.

In this our salutation to the profession we would call attention to the name on the title page; one which was not chosen for a mere name, but for its significance. While the word "AMERICAN" suggests to the mind all that is broad and advanced, its associate, "HOMŒOPATHIST," has, too, its language and identity which will not be lost in the breadth and greatness of its companion, but shall rather flourish in it as an important factor.

We take it that "homœopathist" means, one who believes in and applies Nature's grand law, "*Similia*

Similibus Curantur." Nothing more; nothing less. If a man must needs pass through a long school of experience, like that of Hahnemann, before he can accept the efficacy of the minutest dose, he is none the less an homœopathist. We honestly think, however, that his success and usefulness would be far greater could he accept such an experience early in life. It will not be our province to berate men of this kind, who may be honestly applying the law as they deem best, but to place such light and facts before them as will indicate a

better practice—a purer homœopathy, meanwhile giving due credit to the successful application of “*similia*” in whatever dose, will be within the scope of this journal.

Personally, we use the high and highest potencies as well as the medium and lowest. If we could retain but one, we would prefer the higher. Having prescribed (in exceptional cases,) the 200th without benefit, after fair trial, and in the same case seen prompt action attend the 3d, and *vice versa*, we can exercise much liberality as to range of dose.

To be a successful and intelligent homœopathist, one must have a liberal knowledge of the collateral sciences, hence, it will be the aim of this journal to furnish such matter as shall contribute largely to the success and intelligence of the active practitioner.

In reporting cases we shall by no means neglect pathology. Regarding characteristic symptoms not only as useful guides to pathological states, but as absolutely indispensable to an exact prescription. We shall endeavor to give special prominence to such symptoms in each case.

That the designs of this work may be accomplished a number of distinguished gentlemen have promised val-

uable original communications on a variety of subjects of special interest to the wide-awake practitioner. Physicians of note and skill from the various states have promised their co-operation in the substantial way of furnishing articles in their specialties. Skilled translators will supply interesting articles, abstracts of articles, clinical cases, notes, etc., gleaned from foreign publications. The conclusions drawn from important essays taken from general medical literature, will be given in few words—much in little—and thus will the wants of the profession be met, and the interests of homœopathy advanced.

The department of Recent Literature will be prepared with the utmost care, and will present a compact review of the homœopathic medical literature of the present day; it will include in its capacious pages compilations and condensed reports of such items of interest as may be of profit to the profession.

New departments will be added and fresh writers engaged. Several physicians are now preparing finished and comprehensive communications, especially for the HOMŒOPATHIST, some of which will be elaborately illustrated and will appear in due time.

ON THE USE OF MYDRIATICS IN EYE DISEASES.

BY C. H. VILAS, M.D.

[Professor of Diseases of the Eye and Ear in the Hahnemann Medical College, Chicago. Surgeon-in-Charge of the Eye and Ear Department of the Homœopathic Hospital, Chicago, Etc.]

No physician who treats eye disease extensively can have failed to notice that the selection of the proper mydriatic is often an important factor in the resolution of the disease. While it is undoubtedly incontrovertible that Atropine has the decided preference, either from an insufficient study of the others, or because of its many well-known virtues, there are times when another may be substituted with marked advantage. Among the Family of Solanaceæ we find three species known to have a mydriatic effect: Belladonna, Hyoscyamus Niger, and Datura Stramonium. In practice we make use of their alkaloids, Atropine, Hyoscyamine and Daturine, in which order let us examine them.

Grouping them together we find that the main points claimed for Atropine in the local treatment of eye diseases are that

1. It diminishes the intra-ocular tension.
2. It draws back the iris, and
 - (a). Prevents adhesion to the posterior layer of the cornea;
 - (b). Prevents adhesion to the anterior capsule of the lens;
 - (c). Tears away adhesions when formed;
 - (d). Prevents its prolapse;

(e). Not infrequently restores it when prolapsed;

(f). Compels it to rest; and

(g). Diminishes its congestion.

3. It diminishes the congestion of the ciliary body.
4. It compels the ciliary muscle to rest.
5. It lessens ciliary neuralgia.
6. It acts as a local anæsthetic during its passage through the cornea, allaying irritation in that part of the eye.

To gain these good points, which at a glance will be seen to embrace many of the leading indications in the treatment of diseases of the iris and cornea—a class of diseases frequently to be met with in general practice—requires an energetic and judicious use of this agent. A very weak solution of Atropine (one grain of Sulphate of Atropia to ten or twelve ounces of distilled water,) will dilate a healthy iris, but when it is diseased such a solution will fail to act, and we must use a solution of the strength of two to six grains of Sulphate of Atropia to one ounce of distilled water.

Opposed to this favorable view of the use of Atropine, it is claimed that

1. It does not decrease the intra-ocular tension, and may increase it.

2. Severe irritation of the conjunctiva, with an eczematous condition of the lids, has been caused by its use.

3. Its use is contra-indicated where the posterior uveal tract is affected, or likely to be.

4. By its use acute glaucoma is hastened in an eye already attacked.

5. Its use may cause detachment of the retina.

6. Paralysis of the fibres of the iris may be caused by prolonged use of a strong solution.

7. Poisoning by the solution running from the conjunctival sac into the throat may occur.

8. Many persons show a constitutional antipathy to its use in other ways than mentioned above under the second objection.

Owing to its well-recognized efficiency, its cheapness, the ease with which it is obtained, and the ready manner in which it can be prepared and used, this alkaloid would undoubtedly hold almost absolute sway among mydriatics, but for the second and eighth objections mentioned. To overcome these quite a number of experimenters have undertaken experiments in detail, the result of which has been to secure a preparation not only less objectionable in these points but more favorable in others.

Throwing out the question, by no means an unimportant one, but foreign to the two objections above made, as to whether Hyoscyamine be a more or less active mydriatic than Atropine, (concerning which there is seemingly

but slight contest now, nearly all agreeing that it is more active,) we are met at the outset with the baffling fact that there seems to be no basis for determining accurately the strength of the former. By what processes Hyoscyamine is manufactured we are ignorant by reason of the chemical factories refusing to make known the secret of its preparation. One experimenter makes use of the crystalline sulphate of Hyoscyamine, needle-shaped crystals, others use amorphous Hyoscyamine, and others still other forms, all with varying results.

Fully considering the various statements and reports of experiments and classing all experimenters as equally intelligent and reliable, it would seem that a suitable preparation of Hyoscyamine being used,

1. The pupil

(a). Will dilate more rapidly.

(b). Will remain dilated longer.

(c). Will dilate of not less maximum degree, than when Atropine is used, and that

2. Hyoscyamine can be borne when Atropine cannot.

As to the contest on the remaining points, nothing has been satisfactorily determined.

Opposed to these points we have however to consider that Hyoscyamine compared with Atropine

(a). Is much more expensive.

(b). Does not keep as well, and

(c). Is much more difficult to procure.

Regarding comparison on other

points, we have no reliable data sufficient to base an opinion.

A consideration of the third alkaloid, Daturine, seems not to have been as efficiently made as has been of the others. Practically it appears to be nearly as valuable as Atropine, and its use can be borne when the latter cannot. But inasmuch as either of the two former seem to efficiently supply all that is desired, Daturine may be left for future study and experiment.

In an ordinary case of iritis, then, when we expect to gain the points mentioned under the grouping of Atropine, all of which are desirable, several imperatively necessary, we should use a solution of the pure neutral Sulphate of Atropia, two to four grains to the ounce of distilled water. Of this we should put in the eye a drop three times in succession at intervals of five minutes, and repeat the process once or twice during the twenty-four hours. This will generally produce and maintain full dilatation, and if the case be recent, detach any adhesions which may have formed on the anterior capsule of the lens, the part most likely to be attached. If it does not, a stronger solution should be used.

For the purpose of detaching adhesions once formed, however, whether anterior or posterior, a solution of the strength of eight, or even twelve, grains to the ounce may be required. Such a solution should be cautiously used, on account of its poisonous effects, but judiciously applied will often free the iris from adhesions and

save an operation (corelysis) for its detachment.

No permanent harm is likely to arise from a free and prolonged dilatation of the pupil. In exceptional cases paresis of the fibres of the iris has occurred, but treated with a solution of Calabar bean the fibres have quickly recovered their tonicity. I have never seen a case where any such harm has resulted from the use of Atropine, nor have I ever seen a serious or severe case of poisoning from its local application to the eye, though it has been repeatedly used by my assistants and myself, in the various strengths mentioned. It is undoubtedly true that such cases may be met with; and moderate unpleasant constitutional effects are often produced unless care be used. In these cases, as well as those which show a constitutional antipathy to its use, the antidote should at once be given, and the use of the Atropine stopped. The unpleasant symptoms having subsided, Daturine, or Hyoscyamine may be used instead, or a weak collyrium of Belladonna may be substituted. Some prefer to combine the pure Atropia, chemically cut, with *Oleum Ricini*, believing this to obviate the objections. The great difficulty of getting it properly prepared outside of the larger cities, must however always be a bar to its extended use. Others prefer to use the Atropia in the shape of wafers chemically made, and to place one beneath the lower lid and allow it to dissolve.

Let the physician himself, however, attend to the instillation of the Atro-

pine, carefully evert the lower lid so as to prevent the solution from running into the lachrymal sac and thence into the throat, and in addition, after using the stronger solutions, wash out the eye with pure water, and very few such cases, if any, will trouble him.

In a case of corneal trouble all these good points may be attained by the use of a much weaker solution. Being uninflamed the iris responds much more readily, and there being less muscular action to retract, a solution of one to two grains of Atropine to an ounce of distilled water will generally be all-sufficient. By the use of this weaker solution most of the dangers mentioned are practically obviated or greatly lessened.

Where it is desired to paralyze the accommodation, however, a solution of four grains to the ounce of distilled water will be necessary. This is the weakest solution which will be found available in searching for hypermetropia.

From conversation with physicians, it seems that the impression still prevails that the good effects of a mydriatic are unnecessary in all diseases of the eye, if Mercury in some form be

used. Such impression cannot but be an error, and in the opinion of the leading oculists of the day, should be given up. To this mode of treatment we owe many of the most serious troubles of the eye, fatal to the integrity of that organ, and destructive of sight.

With a full consideration, then, of their values and dangers, carefully weighing the probable results, and rightly estimating the dangers threatening and the ways of averting and alleviating them, the judicious use of mydriatics cannot but be beneficial and highly to be commended. It rests with the physician so to use them that by good judgment and sound discretion, their dangers shall either be avoided or reduced to the minimum.

In the choice of a mydriatic, undoubtedly Atropine will, on account of the many reasons favorable, continue to be the first choice. Where not well borne, or where special indications seem to point to one of the others, a careful study may avert the seeming contra-indications, and ensure a successful result. If not, one of the others undoubtedly will, and should be faithfully tried.

FOREIGN BODIES IN CHILDREN'S GULLETS.

In allusion to a case in which there had been some difficulty in extracting a coin swallowed by a child, Dr. Thouvenin states that in such a case he adopts a very simple measure with great success. It consists in laying

the child flat on its belly on a table, with its head, supported by an assistant, projecting beyond it. The finger is then introduced into the mouth in order to depress the tongue, and the coin slides out along the finger.

REMEDIAL INDICATIONS FOR INFANTILE DIARRHŒA.

BY J. P. MILLS, M.D.

[Physician to the Chicago Foundlings' Home.]

It is purposed in this report to furnish some characteristic indications of remedies for infantile diarrhœa. Many of these indications appear in our works on diarrhœa, especially in that of Bell. There is, however, often no distinction made between the diarrhœa of infants and that of adults. In three years experience as physician at the Chicago Foundlings' Home, these indications have been repeatedly verified. A constant attendance upon fifty to a hundred infants, from one day to eighteen months in age, has furnished ample material for these observations.

It is well known that in foundling institutions the mortality is great. Lest this fact detract from the clinical value of this report, a word first in regard to it.

There are three classes of infants received, over which medicine has little power, viz :

1. Those already in a dying condition when brought.
2. Those *thoroughly chilled*, (Aconite or Camphor will often benefit for the time, but they never recover).
3. Those having congenital syphilis. Pitiab! objects!

These three classes form thirty-five per cent of the deaths.

Babies that are comparatively well

when brought, seldom die of their first illness, but often pass through a succession of complaints; many of them recover permanently, and are adopted, while others succumb after having passed safely through several previous illnesses.

ACONITE.

Green, watery, frequent stool, often from effect of low temperature in the rooms. From this cause, whether there is heat, restlessness and thirst, or not, Aconite relieves, if given early. If there is dry heat of the body and restlessness, there is likely to be vomiting.

ÆTHUSA.

Green, liquid or mucous stools, or of greenish water mixed with chunks of soured milk. The stool occurs during or soon after nursing, especially after taking milk, frequently accompanied by violent vomiting of sour milk in chunks.

In cholera infantum, the child is pale and prostrated, the vomiting and diarrhœa is profuse, linea nasalis.

ANTIMONIUM CRUDE.

Stools watery, often profuse; tongue *coated white*; greenish vomiting occurs soon after nursing.

APIS.

Stools watery, greenish, or *deep orange color*, as if pieces of the peel were

mixed, half digested, with the semi-liquid stool, *very offensive*.

In cholera infantum the tongue is dry and shinny; *no thirst*, or extreme thirst; oppressed breathing; very scanty or very profuse urine.

Apis is one of the most useful remedies in diseases of children.

ARGENTUM NIT. 6TH CENT.

Stools green, *fetid*, mucous or watery, passing off *with much flatus* (like Crot. tig.), but there is also much wind thrown off the stomach. Child likes food pretty sweet.

ARSENICUM.

Stools thick, dark green, or dark, watery, scalding, *very offensive*; restlessness; thirst; everything vomited as soon as taken. Stools not always painful, but usually scalding and offensive, with or without vomiting.

BELLADONNA.

Thin, green, small and frequent stools, every diaper soiled a little; head hot; child does not rest; starts at noise, or drowsy, stupid, inclined to sleep all the time. This condition supervenes a day or two after the rooms have been a little too cool, frequently there is gagging or vomiting, dry lips and tongue.

CALCAREA CARB.

Stools usually sour smelling, watery, often mixed with curds of milk; apt to be vomiting of sour milk, with starting and jumping—after change of food.

CALCAREA PHOS. 3.

The child has had diarrhoea for some days, looks old and wrinkled,

has a dry skin, passages about every hour, would be a hopeless case but for this remedy. Although I have tried it in the earlier stages, it or no other remedy seemed to avail; frequently has it converted an apparently hopeless case into convalescence and health. It is given in the 3d trituration, according to Grauvogl's nutrition plan. High attenuations do not seem to answer to these indications.

CHAMOMILLA.

Stools watery, corroding, green, or like chopped eggs; very offensive, with much crying; relieved by being carried.

COLOCYNTH.

Child has colic, relieved by carrying on its stomach; stools occur right after or while nursing and is undigested.

CROTON TIG.

Stools yellow, watery, or green, watery; generally profuse, coming out like shot, with force; very offensive; stools occur while or soon after nursing. This remedy is called for frequently and is prompt in its action. I always use it in the 200th.

IPECAC.

Stools fermented, green as grass; nausea and vomiting; colic.

LYCOPODIUM.

Bloated abdomen, worse afternoon; child is worse day times; red sand on diaper; crying before urinating.

MAGNESIA CARB. 3D CENT.

Stools green, watery, frothy, sour-smelling, often with curds of milk; sour vomiting, with colic. Rheum has

always failed me, both low and high, even when the child itself had a sour smell.

MERCURIUS.

Mercurius has not often been indicated this year, but the frequent, green mucous or bloody mucous stools, with violent tenesmus, worse at night, have found their remedy in Mercurius.

NUX VOMICA.

Nux or Calcaria are often called for when babies are getting used to change of food or nurse. Stools are frequent, small, with straining, much crying and straining, even when nothing is passed. After Aconite or Belladonna stage of "cold," this remedy is often indicated.

PHOS. ACID.

Stools whitish, watery, painless and profuse. Child will be laughing at you, at the same time a stream of liquid stool will be overflowing the diaper, although the stools have been frequent and the child has had diarrhoea a long time, yet it is still plump and appears little affected by the continual drain. A case in point:

An infant of six months had diarrhoea of whitish water, sometimes translucent, again like milk. The stools occurred either while or soon after nursing. The child was good-

natured and would sit for hours with a pillow at its back and doze, amuse itself, or be amused, did not mind which. Phos. ac. 30, was prescribed. In twenty-four hours, stools were natural. I then discontinued the remedy, when shortly the same condition returned. Repeating the prescription all was well again. I continued for six weeks to give a few doses at a time, and the diarrhoea would always return just the same. Finally the medicine was given, four doses a day for two weeks, and the case was complete.

PODOPHYLLIN.

Profuse watery or mushy stools, or watery with meal-like sediment, smelling like carrion, worse mornings, often painless. Podophyllin 200 acts like a charm.

VERATRUM.

Stools profuse, watery, frequent, with thirst and vomiting, baby looks much exhausted after each spell; or vomiting and purging at same time, sometimes with great pain, again apparently painless; cold sweat on forehead.

Most of these remedies have been given in the 200th attenuations. *Æthusa* I have used only in the 30th. Mag. carb. in the 3d. Argent. nit. in the 6th centesimal.

URTICA FOR CORNS.

In very many cases these troublesome growths are eradicated by par-

ing off the corns close to the flesh, and applying *Urtica* cerate twice daily.

CLINICAL HINTS

Lycopodium—Complaints from eating oysters.

Arsenicum—Complaints from eating ice cream.

Pulsatilla—Complaints from eating rich, fat food.

Thuja—Complaints from eating onions.

Ignatia—Complaints from eating sweet things.

Belladonna—Complaints from eating sausage.

Bryonia—Complaints from eating turnips.

Colocynth—Complaints from eating cheese.

Pulsatilla—Complaints from eating buckwheat.

Natrum—Complaints from eating honey.

Selen—Complaints from drinking lemonade.

Arsenicum—Complaints from drinking ice-water.

Cham., *Nux vom.*—Complaints from drinking coffee.

Arsenicum—Complaints from chewing tobacco.

Ant. crud.—Complaints from the use of vinegar.

Natrum mur.—Desire for salt.

Lycopodium—Desire for sweets.

Natrum mur.—Desires bitter things.

Causticum—Desires smoked things.

Phos. ac.—Desires juicy things.

Natrum mur.—Desire for bread.

Plumbum—Desire for cakes.

Argent. nit.—Desire for sweet things.

Cicuta—Desire for coal.

Ignatia—Desire for cheese.

Tellurium—Desire for apples.

Veratrum alb.—Desire for fruits.

Sabadilla—Desire for puddings.

Eup. perf.—Desire for ice cream.

Magnesia—Desire for vegetables.

Nitric acid—Desire for chalk.

Nitric acid—Desire for fat things.

Phosphorus—Aversion to puddings.

Ignatia—Aversion to brandy.

Ferrum—Aversion to meat.

Sanguinaria—Aversion to butter.

Chelidonium—Aversion to cheese.

Zinc—Aversion to fish.

Sabadilla—Aversion to garlic.

Hellebore—Aversion to vegetables.

Arsenicum, *Petroleum*, *Silicea*, *Sulphur*—Aversion to meat.

Lachesis—Better from eating fruit.

Ferrum—Better from drinking tea.

Veratrum alb.—Better from eating meat.

Hepar sulph.—Better from tobacco.

Veratrum alb.—Better from drinking milk.

Magnesia—Better from salt things.

T. S. H.

SYNCHRONOUS ANCHYLOSIS OF LEFT SHOULDER AND
RIGHT KNEE.

BY C. H. VON TAGEN, M.D., CHICAGO.

[Clinical Report, September, 1876.]

Case No. 1740. J. K., æt. fifteen, American, of sanguine-bilious temperament; residence, Chicago; applied Sept. 21, 1876, and gave the following history of her case:

Seven or eight years ago she fell and injured her knee and left shoulder, from the result of which she was obliged to use crutches for three years and a half. After using them for this length of time, she complained of numbness in the left arm, although this limb was always weak and lame after the fall and injury was received. The limb grew gradually weak, failed in development, and has so remained until the present moment. Both limbs became synchronously involved, as the history of the case clearly indicates.

For two years, or more, she has been unable to raise the arm. She simply possesses the power of flexion and extension of the forearm, together with some degree of pronation and supination, but cannot elevate the elbow one-third the usual distance. She instinctively makes efforts to assist the affected member with the right hand. Some eight or nine months ago she noticed that she was unable to carry her school books under this arm. She cannot place the hand of the weaker arm upon the opposite

shoulder, nor upon the top of the hand. Any attempt to do so is met by resistance and causes pain in the corresponding shoulder, thence down the arm, forearm, and into the hand. She complains of numbness along the entire limb.

Comparison of the two members shows a marked contrast, the left one being more or less atrophied throughout its entire length, particularly over and below the shoulder. The deltoid muscle, whose office is to raise the arm from the body at a right angle, is much wasted. The acromion and coracoid processes of the scapula are very prominent. The supra and infra spinatus muscles, as well as the pectoral of the corresponding side, are likewise soft and atrophied. Any attempt to manipulate the joint is met with firm resistance in the part, and causes much pain.

Attention is also called to the right knee, which is firmly locked so that movement cannot be made with it in any direction. The soft structures adjacent to this part are somewhat swollen, but not very sensitive, save when attempts are made to exercise the limb at this point. The patella is very slightly moveable, and the limb semi-flexed.

The history of the case, as well as the symptoms present, clearly indicate

ANCHYLOSIS OF BOTH JOINTS,

(right knee and left shoulder), and may be regarded as a rare and remarkable case. For this reason the term synchronous ankylosis is applicable here.

There is a very slight degree of elasticity and very firm resistance present when attempts are made to move either joint, which indicates the ankylosis to be of the fibrous form, and of the variety known as

INTRA ARTICULAR.

The origin of the ankylosis of the knee is purely mechanical, and is a sequence of the injury sustained by the part, while that of the shoulder appears to be due to the use of the crutch. The probability is that the brachial plexus of nerves were more or less injured by such compression, and thus the muscles of the limb become partially paralyzed resulting in ankylosis, from long-continued inaction, the entire muscular structure of the part presenting a palsied appearance.

In all other respects her general condition of health is good, and the only method of cure is that of forcible flexion and extension, until all the fibrous adhesions that bind the articular surface together are torn asunder and the movements of the joint are restored. Prior to performing the operation, I prefer to place the patient under a preparatory course of treatment, and shall, therefore, prescribe *Calcarea phos.* 30, trituration, three to

four times daily. By the aid of this remedy I expect to relieve, or at least to modify the pain and numbness complained of. We will request the patient to return one week hence, at which time we hope to be able to make a favorable report.

Sept. 28. The case of ankylosis that was reported on last clinic-day is again before you. She states that the symptoms complained of one week ago have been much relieved, and are not so constant, appearing now only at intervals. Treatment will therefore be continued for another week.

Oct. 5. It is my purpose to operate to-day upon the case now before us, having accomplished all that we can reasonably expect from the use of therapeutic treatment. The operation is a painful one, and to ensure success, as well as to obtain entire control of the patient and make the operation painless, we shall place her under the influence of an anesthetic. For this purpose I prefer Chloroform, because it is more thorough and decided in its effect than *Æther*, and is not so prone to induce nausea and vomiting.

I desire here to call your attention to the importance of first subjecting patients who are to be anesthetized to a careful examination. The heart, lungs and pulse should be thoroughly examined and the antecedents of the case inquired into.

Organic disturbance of any of the noble organs of the body would contra-indicate its use. This patient having, previous to this time, passed under examination, we shall now proceed to

place her under the influence of Chloroform, and while this is being effected by our assistants, — the one watching the pulse and heart, the other administering the agent, — I take occasion to offer a few remarks upon ankylosis in its various forms. Another precaution in regard to the use of anæsthetics would not be out of place just here. Always provide yourself with a perfectly pure and fresh article, besides which an ounce vial of Aqua Ammonia, officinal strength, should be available.

Ankylosis may be divided, for the sake of description, into three varieties.

I.

Extra Articular or False Ankylosis, which is confined to the ligaments that surround the joint. This is due to contraction of the tendons, internal, external and capsular ligaments in case of a ginglymus or hinge joint, and in case of an enarthrodial or ball and socket joint the capsular ligament is involved, and there is also more or less tonic contraction of the neighboring muscles and tendons. This condition is always preceded by some inflammatory action.

II.

The *Incomplete or Intra Articular*, sometimes termed *Fibro-cellular*. This form is likewise dependent upon, or preceded by, inflammation. The first change appears to be in the synovial fluid, which alters in consistency and takes on a pasty dryness and loses its limpidity; to use a homely phrase, the joint within becomes "dry." Delicate

fibrous bands are formed upon the articular surfaces, and these develop into fibro-cellular tissue, hence the name; these become adherent at opposite points of the articular surfaces. The joint now becomes locked, so to speak, and in due time, if not interfered with by surgical means, becomes ligamentous, and finally develops into

III.

Complete Intra Articular, or Bony Ankylosis, in which the joint is consolidated into an osseous substance or mass.

A marked distinction between this latter and the two other forms of this affection is that there exists a slight degree of mobility in the first and second varieties. The history of the case, the age of the patient, and the duration of the ankylosis, will aid materially in the diagnosis of its *precise character*. Prominent among the causes that operate to produce ankylosis may be mentioned blows, sprains, rheumatism, gout, syphilis and long disease of the joint.

Either of the two forms first named is usually amenable to mechanical treatment, viz., by forcible movement of the limb in the various directions of which the joint is capable, and this should be done under anæsthesia. This treatment should be continued, more or less, daily, for a sufficient period, or until the patient is able to move it by voluntary effort. The anæsthetic should be administered, as a rule, for the first five or six manipulations succeeding the operation. After treatment, both local and internal,

should be resorted to, with a view to combat inflammatory symptoms that may arise.

If bony ankylosis is inevitable, and it be recognized in season, the limb should be placed in a position that will be most useful to the patient. For instance, should the hip joint be the location, the thigh should be slightly flexed upon the pelvis, and the leg upon the thigh, and slightly rotated outward. If the knee be the point, the leg should be flexed about one-fourth or one-fifth. In case of the elbow joint, the forearm should be flexed about one-third and placed semi-prone.

As our patient is now under the influence of the anæsthetic, which we can most effectually determine by separating the lid of either eye, moistening the small finger on the tongue and delicately touching the corneal surface. If the patient evinces any annoyance, which will be known by a slight effort to shrink away from the touch, the anæsthesia is not complete. An operation of this character should not be performed unless it is complete. Operations in a case of this kind should not be performed upon both limbs on the same occasion, nor yet in close connection, but we should rather wait until the ill effects of the first have subsided. In this instance, we shall take the shoulder first.

The proper position for this case, then, is recumbent, upon the back, the patient being drawn close to the side occupied by the operator, who should stand facing the affected limb. The

assistant watching the pulse, another administering the anæsthetic at the patient's head and toward the right side, a third one back of the left or affected shoulder instructed to fix the shoulder and scapula firmly in position. I now seize the forearm midway with my left hand, with my right I clasp the arm at a point two-thirds of the way between the elbow and shoulder. By steady and persistent efforts, extension of the arm is made. In other words, raise the elbow to a level with the shoulder, depress and raise the limb thus several successive times, until you both hear and feel the creaking and crepitus of the yielding fibres. Repeated motions are made backward and forward on the same level, followed in turn by a rotary one both ways, (as it is a ball and socket joint, technically termed, enarthrodial articulation). This done, you perceive the limb can be moved freely in any of the six directions described.

The patient will be obliged to go through this movement at least thrice for a week succeeding the operation, and then daily until the joint can be moved voluntarily in all these directions. A local application of *Belladonna*, extract, (ten grains to four fluid ounces aqua,) freely rubbed over the joint twice daily. The part to be bathed daily with *hot* arnicated water (one table-spoonful of the tincture to a pint of hot water), and then enveloped in a flannel cloth of four thicknesses saturated with the lotion; this to be changed as often as it cools. Daily frictions with the hand over the

joint are also recommended. Arnica 30 to be internally administered three to four times daily. The diet, for the first few days, should consist of weak broths made of beef, farinaceous articles, milk, and occasionally an egg, soft boiled, or poached on toast. As a beverage, weak tea and water may be allowed. Stewed fruits are not objectionable if relished by the patient—these sometimes serve to act favorably upon the bowels.

Oct. 12. Patient returns presenting marked symptoms of fever, which upon inquiry proves to be the result of a severe cold, and is plainly evidenced by the presence, of several recent hydra, or "cold sores" upon the lips. She complains of creeping chills, with more or less soreness and stiffness of the entire muscular system. For these symptoms Aconite 3 will be ordered, and repeated every two, to three hours until all these symptoms subside. The local treatment will be continued.

Nov. 9. Our anchylosed patient is once more presented to you having sufficiently recovered the use of the limb operated on October 12th, and with such encouraging result that we shall, to-day, make an effort to break up the anchylosis of the knee joint. This, by the way, is a more formidable operation than the other, (for the reason that this joint is of greater magnitude,) consequently is more likely to be followed by grave results. We shall use anæsthesia on this occasion as in the first instance. The patient has been anæsthetized thrice since the first operation, on account of the great

pain experienced during the manipulations, since which time it has been done daily without the use of an anæsthetic.

As has been usually the case she passes readily under its influence and we now proceed to break up the adhesions in the knee joint. The adhesions in this case are firmer than those of the shoulder, (and this is borne out by the history of the case, as you will see by a reference to your notes,) the trouble here dating back some seven years, while that of the shoulder dates back three and a half years, or thereabout. The patient is placed as before, recumbent, on her back, her head resting on a pillow; she is carried well toward the foot of the table, her limbs overhanging almost to the hips. I take my stand facing her right side and at the end of the table. Two assistants are required, one to watch the pulse and stationed on the left side; the second on the same side with the operator. Using a common chair as a foot rest, placed at the lower end of the table, I plant my right foot upon it, then seizing the anchylosed limb about midway between knee and ankle joints, with my right hand, and the thigh at its lower third with my left, I place the anchylosed limb across my knee, using that as a fulcrum. By gradual and persistent efforts at flexion and extension you soon hear again, but more distinctly, that peculiar crackling, sharp sound, indicative of the breaking up of the adhesions. Much more effort was necessary in this instance than in the first, induc-

ing the belief that the adhesions here are more of a ligamentous than fibrous character, and not far removed from the confirmed or ossific stage, which would in all probability have been the result in a very few months hence. It is proper that I should warn you, in operations of this magnitude, of the necessity of exercising great care in the force used, as cases of fracture have occurred, even with experienced operators. Especially does this caution apply where there exists any syphilitic or strumous diathesis, as the bones are more likely to yield in such cases than in healthy subjects. You should, therefore, inquire closely into the patient's antecedents, before attempting such an operation. In this case there is nothing of either kind.

The after-treatment will be, as follows: Arnica Montana 3c, three to four doses daily. Should traumatic

fever set in, every two hours while awake. The entire circumference of the joint will be painted with Compound Tincture of Iodine, officinal strength, and the usual hot arnicated dressings, as in the former case, only more vigorously applied, because of the greater danger of severe inflammation. Diet should be the same as before ordered.

Nov. 9. We again present this patient, and are pleased to report her improvement, no unusual or severe symptoms having developed. The limb can be moved very freely in any natural direction, but not without pain. This, however, will subside under persevering efforts and continued constitutional and local treatment. Patient eats and sleeps well, and has not had an untoward symptom. This is better than we had anticipated. The case is now sufficiently convalescent to pronounce it a success.

MEDICAL GLEANINGS.

LAC CANIUM IN DIPHTHERIA.

[*Advance.*]

Samuel Swan, M.D., gives, in the *Cincinnati Medical Advance* for June, some throat provings of Lac Canium which present a striking similarity to the throat symptoms of diphtheria, and accompanies them with cases reported by A. K. Hills, M.D., New York, and W. E. Payne, M.D., Bath, Me. The cases were violent ones and

the cure in two cases very rapid. He does not mention the potency used in proving, but the 19m and the 100m were used in the cases. This calls attention to a singular remedy which may be well worth our study.

STUTTERING AND STAMMERING.

[*Times.*]

In this journal we notice an article on "Stuttering and Stammering," by

George Vandenhoff, the import of which is, first, that this peculiarity is a matter of habit and fancy; secondly, that it may be remedied by having the mind made up exactly what to say, and then taking the "mechanical organic means necessary to its utterance," that is, by fixing the mind on the position which the vocal organs should assume in order to make the various sounds. He contends that there is a remissness of mind which may be educated by a system of practice, that will enforce "a clear articulation." By thoretical accentuation. Correct emphasis.

Premeditation will at first cause some awkward pauses, but regular practice will shorten the intervals until the habit of thinking will obtain, and the speech will be without impediment. The physician or instructor should give regular lessons, taking care that the patient is at his ease.

THE ACTION OF MERC. COR.

[*World.*]

This monthly for May has a group of cases illustrating the action of Mercurius cor. 3x on the fifth pair of nerves. The cases were marked ones, and the action prompt. The special nerve branches affected were the frontal branch of ophthalmic, the superior maxillary nerve, with its dental and infra orbital branches. The inferior maxillary nerve, with its dental, temporal and auricular branches. The pains, in some of the cases, had *been long continued, were intense, darting, (with steady pain also), were located on the left side; would remit during the*

day and be aggravated from 4 P. M., through the night, especially before midnight. These indications are plain and worth remembering.

PREVENTIVE IN SYPHILIS.

[*Investigator.*]

In this semi-monthly is a note by P. W. Poulson, M.D., calling attention to Merc. cor. 30, as preventive in syphilis. He asserts that parsons, after exposure, "where the woman was conspicuous, and in other instances, a notorious sufferer from syphilis," by taking this remedy, escape in every instance the contagion. "Cleanliness is also a necessary factor." It may be that as Bell. is largely prophylactic in scarlatina, so is Merc. cor. in syphilis.

In the same paper we observe an article written by B. F. Betts, M. D., Philadelphia, comparing Murex. purp. and Sepia in their relations to the womb and menstruation. The points are these: Apis and Lach. act especially on the ovaries, Murex and Sepia on the uterus. Sepia has *late and scanty menses*; Murex, *frequent and profuse*. Murex has, as an attending condition, a strong sexual desire; Sepia, *melancholy, sad, indifferent*, even towards those loved; Murex, nervous temperament, lively, affectionate disposition.

Murex will be indicated where there is soreness complained of in the region of cervix, or a feeling as if something was pressing on a sore spot in the pelvis, with watery, greenish leucorrhœal discharge, irritating to the parts, chafing and relaxation in the

perineum, pains in the hips, loins and down the thighs, great suffering from exertion. There may be stitching pains in the os uteri (something similar to *Sepia*—fine, needly pains),

differentiating from *Calc.* With the latter, the abnormality seems frequently to depend on some dyscrasia of the system, unattended by pathological changes in the uterus.

INDIVIDUALIZATION VS. GENERALIZATION.

BY A. L. MARCY, M.D., EVANSTON, ILL.

[Lecturer on Chemistry and Toxicology, Chicago Homœopathic College.]

In curable cases, the success of every true homœopathic physician in prescribing depends on the closeness of his individualization and his knowledge of drug symptoms.

The want of success is from their lack of knowledge of drug symptoms and their constant tendency toward generalization and materialism. How many there are, who seem to be endowed with the idea that in order to relieve acute diseases they must give larger doses and stronger medicines, hoping thereby to make up for their want of care in selecting the truly homœopathic remedy.

As most physicians are born with this idea of materialism, is it any wonder that it is a long and slow process for each one to solve for himself, and it only can be done by close observation and reliance on fact. Any one can prove to himself, if he will make the effort, aided by the proper knowledge that to cure, he need not poison or produce drug symptoms on his patient. How often do we read from the pen or hear from the lips of our

most distinguished physicians, whose lives have been spent in medical research, and who are searching for the truth, say that they were once blind materialists groping along in the dark, and had to learn this great truth for themselves; little by little did they gain, and the more they believed and practiced, the more light they had and the better their success, until they reached the high plains where they could overlook this unconscious state of ignorance through which they had passed. Until this, they were prescribing for the disease as a something which, in their imagination, existed materially and was known by such and such names, which are entirely arbitrary, and mislead instead of aiding their efforts to change the diseased condition.

Diagnosing, or naming, was the nearest they would get to individualization. It is not enough to know that *Rhus tox.* is good in typhoid fever or *Bryonia* in pleurisy, for no two attacks of the same type of disease present the same collection of symptoms in

each attack. If he who prescribed Rhus for a certain type of disease and was rewarded by success, should, after that, meet with the same disease and prescribe the same as before and not meet with success, what would he conclude? Why, simply this, that he must experiment with some other drug. But does he ask himself why it helped in the one case and did not help in the other, which was precisely the same malady? If he did ask the question and gave it serious thought and followed up the investigation, he would find that though he had the same general symptoms to treat, yet there are other and more specific symptoms which clearly indicate some other drug. If he be prone to generalization, one case successfully treated will not serve as a sure guide for him when he meets a similar condition again, but he is drifting about from this remedy to that, and by chance he may prescribe the right drug at last, and after the cure is effected he is no wiser himself than when he began the treatment; he can not tell why that one particular drug was indicated any more than the half dozen others he has tried that did not help. Such a knowledge is little better than complete ignorance. Diagnosing, or naming the set of symptoms made manifest to the senses, is but one step toward a definite knowledge of the case, which will lead to the indicated remedy. How much has been gained, if, after making a correct diagnosis, you are not able to apply (from a want of knowledge of specific drug action.) the right drug, or the one

which has the most clearly-defined symptoms of the patient. Does it not then follow that after this state of diagnostic perfection has been attained, we must be able to grasp the most important characteristic individual symptoms of the case and be able to apply with a definite certainty that remedy or drug of which these same symptoms are characteristic?

If we cannot do this, then we fail of the great mission with which we set out. In order to accomplish this perfection, it requires close observation and the faculty of comprehending that which is characteristic and will aid you in the right selection of the drug, and not only this, but we have got to keep constantly enlarging our knowledge of drug symptoms, by a constant use of the *materia medica*, which really is the great key-note of all success, for he who can readily apply drug symptoms to the manifestations of disease, other things being equal, he will succeed.

This will admit of an illustration which the following case will fairly set forth:

June 14th, was called to see a Mr. A., a laboring man, who, three days before, while engaged in digging a trench, the day being very warm, and having to stand in water all the time, said he took a swoon. To throw the dirt out of the trench he had to throw high up, which he said strained his right side. He also had a sore pain in the left side of his chest; was feverish and tongue coated white; he had applied liniment and plasters, but

without any relief. Without further examination, he was given Rhus tox. 30, taken in alternation with a blank every two hours. Called next morning and found him suffering very acute pain, so much so he could not move himself in bed. The pain was in right side just above hip bone, and in left chest, could not draw a long breath without screaming, from the pain; passed a sleepless night; wanted to move, but could not for the pain in side and back, which he described as a sore aching, with sharp cuttings on the slightest movement; pulse about 100; tongue coated white; very little thirst; no appetite; lay perfectly motionless all the time and groaned. We could give nothing but Bryonia, with directions to take as before. Called next morning, and he opened the door to let me in. He said that the first dose almost entirely relieved the pain, and after the third dose he did not dare take any more, so he had taken but two spoonfulls of the Bryonia, and his cure was rapid and complete, and he is working the same as before.

From a want of careful observation and questioning, I was led, from his assertion that he had strained his side and chest from throwing the shovel-fulls of dirt high above his head, and from standing in water to give Rhus, but on close examination, it will be seen that Bryonia was the similimum to the entire case. If Rhus and Bryonia had been given in alternation, could

we have expected so rapid and complete recovery, and to which remedy should we ascribe the curative power. In another case, with the same general combination of symptoms could we depend on the same two remedies? We have in this case learned that the rightly indicated remedy will cure speedily and permanently, and it has left us a picture of a collection of symptoms which we shall ever after learn to recognize on first sight and apply the remedy for their relief. Had two remedies been given in alternation, we could not do this, and the next case we met we would be just as much in doubt as before. Collect the entire symptoms and give but one drug at a time, and let that one be as complete a similimum as possible, and you will succeed where there is a chance for success.

The remedial diagnosis was plain enough at the second visit. To avoid jumping at conclusions at the first call, while the symptoms are not intense, we cannot depend upon one or two general or characteristic symptoms. The *white, coated tongue*, we find under Bryonia, not under Rhus. The *sore pain in the left side of the chest—between the seventh and ninth ribs*—fever, and also ailments from getting wet, markedly under Bryonia. Then the general symptoms, ailments from strain, and from getting wet, draw attention from the particular symptoms under Bryonia, as above.

ANTE-PARTUM HÆMORRHAGE CONTROLLED BY PRESSURE
ON THE FŒTUS.

BY R. N. FOSTER, M.D., CHICAGO.

[Professor of Obstetrics in the Chicago Homœopathic College.]

CASE 1.

Mrs. S., aged thirty, and in excellent health, began at the sixth month of her third pregnancy to "flow" a little every day. Although the flow increased daily, she could not be induced to consult a physician, until at the seventh month a veritable "flooding" occurred suddenly while she was sweeping the parlor floor. The blood gushed from her in a stream so large that she fell prostrate and faint upon the floor in an instant. Her husband rushed to my office, which was near at hand, while neighbors lifted her upon the bed. In a few minutes I was present, and found my patient pallid and with fluttering pulse, still steadily and rapidly flowing. Clots as large as a hen's egg, or larger, came away during the pain that occurred just as I sat down beside her, and on the subsidence of the pain a steady stream of blood flowed viciously from the vagina.

A moment's examination revealed a half dilated os, and a lax bag of waters slightly protruding. In such cases as these not a drop more blood should be lost by the patient, if it can possibly be prevented. Plugging loses too much time, besides being very inefficient with the os so largely dilated. Moreover it interferes with subsequent

operations to hasten delivery. Quick delivery is imperative, yet this event cannot be brought about by forceps or turning, until the dilatation is complete. Now the method of operating in this case fulfilled all the requirements so perfectly that I wish to put the same upon record for the benefit of others to whom it may not have suggested itself—if any such there be in the ranks of the profession. Certainly the method adopted is not found in any of the best known works on obstetrics, nor have I ever seen it referred to by any author. It was first suggested to me in this case almost by accident. Placing my left hand upon the fundus, the index finger of the right being within the os, I made firm pressure in the direction of the superior strait, the object of which was to hasten labor by *vis a tergo*. Up to this moment I had felt the warm current of the patient's blood flowing continually over my right hand, but the instant the pressure was applied to the fœtus by the hand at the fundus the current wholly ceased!

The presenting part could be felt to descend into the bag of waters, entering the os like a wedge, and filling it completely. The pressure on the fundus was continued, the labor progressed pain by pain, the hand on the

fundus followed the fœtus in its descent, the finger within the vagina kept watch of the progress and the conditions, and within twenty minutes the fœtus was born, breech first, with the detached placenta lying upon the thorax. The hæmorrhage did not recur. The woman made a good recovery.

CASE II.

Mrs. A., primipara, of robust constitution, had advanced toward her seventh month. A slow hæmorrhage set in, increasing steadily from day to day, until it became alarming. Rest, cold applications to the abdomen, and the usual remedies were tried for ten days without any apparent effect. At length labor set in with the usual concomitant in such cases—profuse hæmorrhage. I was called early, and found the patient pale and frightened, having lost much blood, but her situation was not one of immediate danger. The os was dilated to the size of a half dollar, and dilatable; the pains good and frequent. But there remained the prospect of two or three hours labor yet to come, with the probability of increased hæmorrhage. Again I applied pressure on the fundus, and with precisely the same result as in the preceding case. The labor progressed steadily for two hours, and was terminated without further losses, the fœtus being born, this time also, breech first, with the placenta lying upon the abdomen. The fœtus was minus one leg, also one arm, and several toes and fingers. The remaining toes and fingers were “webbed”; the occipital bones were also absent, the meninges

constituting the sole covering of a defective posterior brain. The bones of the amputated limbs protruded sharply through the retracted muscles and integument, and doubtless wounded the uterus, causing an inflammatory condition of that organ, which delayed the recovery of the patient for four weeks. At the end of that period she was able to attend to her household duties, but was not free from slight hæmorrhage, frequently recurring, for four weeks more. She has since given birth to a fine child at full term without any complication.

CASE III.

Mrs. W., aged thirty-five, of delicate constitution, was seven months advanced in her seventh pregnancy. She retired one night as well as usual, and awoke at three in the morning to find herself lying in a pool of blood. Her own physician being absent from the city, I was called for the emergency. The patient on my arrival was pale, faint, and frightened. A slow hæmorrhage was steadily progressing, the monotony of which was enlivened by occasional sharp gushes. The os was scarcely within reach, and was not dilated at all, although the index finger could be easily passed up the loose cervix to the inner os. Whether this was dilated or not could only be inferred, as it was the last possible accomplishment of the index finger to reach that point. The patient complained of a dull throbbing pain in the left side of the middle zone of the uterus. This pain she located with precision. Upon that spot, which was a circle of

about three inches in diameter, cold compresses, and continued pressure by means of a binder, were applied. Steady pressure also was made upon the fundus—this indeed was the first step taken—and the flow, as in the other cases cited, ceased instantly. This pressure was subsequently kept up by the constant application of the binder. Very slight discharges of blood occurred after the adoption of these measures, but there was no more hæmorrhage—after the first forty-eight hours, none whatever.

The patient was obliged to maintain the recumbent posture, as any deviation therefrom renewed the throbbing pain before mentioned, while lying down, and a cold compress as uniformly relieved it. In about ten days the patient was able to sit up a little, and to move about carefully. At the eighth month, that is to say, at the beginning of the thirty-sixth week, labor set in, and under the care of her own physician, Dr. A. W. Woodward, she was safely delivered of a lifeless fœtus—the labor progressing to the end with-

out hæmorrhage or any other complication. But the placenta was accompanied by a clot as large as a man's hand, dense, old, and firmly adherent to that organ. The history of that clot will be found in the events above narrated, for it was doubtless formed and retained *in situ*, by the compression and cold applied during the hæmorrhage of a month previous.

Of these three cases of hæmorrhage the first was one of placenta previa, the second was of doubtful origin, the third was due to partial detachment of the placenta at its left lower edge.

In all three cases pressure on the fœtus, or on the fundus, so directed as to keep the presenting part constantly pressed down into the os, promptly and permanently controlled the hæmorrhage.

It will certainly do so in many similar cases. If upon trial it fails, not half a minute is lost by the experiment, for the method has this to recommend it, that it is applicable instantly and free from all danger of injury.

FOOD FOR INFANTS.

BY J. P. MILLS, M.D.,

[Physician to the Chicago Foundlings' Home.]

This important article has been the subject of much thought and practical observation on my part, for the past three years. A thing of such vital moment to the life and health of a child, so great a factor in the causa-

tion of disease when ill-adapted—in its relief when well-chosen—can but claim the serious attention of the profession.

Opportunity having been afforded me to try different foods more than

falls to the lot of some, the deductions from, and results of, experience may contribute to the usefulness of others, as it has to my own.

We have used cow's milk diluted with water one-fifth and two-fifths for young infants, but, such milk as we are able to get (and we get it direct from the country by contract), has not met our expectations. While some will do very well on it, the majority get into trouble and become candidates for something better. The standard patent foods have some of them been successfully employed, particularly can this be said of Horlick's. Not that—like patent medicine—it is adapted for every case but it seems to have a more general range of usefulness than any that has come under our observation. Perhaps on account of the absence of the farinaceous principle.

Infants that cannot retain milk will often bear this food, prepared as directed, with milk; but simply dissolved in water, having the appearance of tea, it answers the purpose of nutrition and is palatable, and will be retained when scarcely anything else will, and so a dangerous period in illness may be bridged over by this little change.

Nursing mothers sometimes lack sufficient quantity, or proper quality of milk, in either case Horlick's food answers well in alternation with the nurse, often producing quiet when the child has suffered constant unrest.

In private practice I have had occasion in but one or two instances, during this time, to substitute other food. For babies of constipated habit this variety of food is particularly useful.

SURGICAL CLINIQUE.

SERVICE OF CHARLES ADAMS, M.D.

[Professor of Principles and Practice of Surgery and Clinical Surgery, Chicago Homœopathic College.]

Gentlemen: We have among our out-patients in attendance this morning two cases of gleet, which I think will prove worthy of attention. The first has the following history:

No. 836, C. H. F. D. John T., aged eighteen years, American, had gonorrhœa eighteen months ago. The disease ran a course of about two months, under internal medication,

and subsided into gleet, which has remained since. The amount of discharge is variable, being at times only sufficient to glue the lips of the meatus together in the morning, and again under the influence of cold, drink, or sexual excess, considerably increased. The patient complains of slight smarting in urinating, and beyond this we ascertain nothing by inquiry.

Examination of the urethra in this case will show that its calibre is lessened, at one or more points, from induration and thickening of its mucous membrane. The diminution of size of the urethral canal, or rather its lessened distensibility, may not be sufficient to attract the attention of the patient by its effect upon the stream of urine, but it has been well set forth by Professor Otis, and in a large number of cases substantiated by the observation of others, that cases of gleet of long standing are due to encroachment upon the calibre of the canal by patches of induration left by the previous acute inflammation, and that stricture to some degree always co-exists with gleet of long standing, i. e., of a year or more. Stricture may be present without discharge, but chronic urethral discharge always indicates stricture forming or developed. It is quite certain that under internal medication alone, or with the aid of slightly astringent injections, chronic urethral discharge may be stopped, but such cases frequently relapse and in most of them the stricture tends to increase until treatment becomes necessary, perhaps several years after the original disease had been apparently cured.

Our patient's interests are best served by treatment of the gleet and stricture together, not by taking the gleet as the whole of the malady. Our first step in this case is to ascertain the condition of the urethra as to size, and this can be done by the passage of a bougie. The egg-shaped, metal

bulb, mounted on a slender shaft, is the most convenient form, and should be had by the surgeon in regular set from No. 1, upward. As large a bulb should be selected as will pass the meatus after the injection of a few drops of oil. If the bulb fits the meatus tightly and has freedom of movement within, contraction exists at the meatus itself, and this condition is exceedingly frequent. If the bulb, well-fitting, be introduced into a normal urethra, it slides along without difficulty until it reaches the prostate, and beyond this point there is no necessity for searching for stricture, and here I may remark that a good deal of epididymitis, and the like, might be avoided by confining these exploratory operations to the region where stricture is likely to be found, i. e., always anterior to the prostate. Should the bulb be arrested at any point within these limits note is to be taken of the distance within the meatus, and a smaller bulb introduced instead, the size being governed now by the capability of the stricture. As large a bulb being passed as can be got through the stricture *without force*, measurement is again to be made to show the length of canal involved. The onward passage of the bougie will indicate the condition of the urethra posterior to the contraction and may be discover others which, if not larger than the first, may be measured and located in the same way. In strictures of large calibre the manipulations necessary to diagnosis are all that should be made at the first sitting. In the case before

us, as you see, the meatus admits only a No. 10 bulb, which moves freely within and passes readily down until suddenly arrested at one and one-half inches from the orifice. Further manipulation puts a No. 9 through the stricture to the prostate, as we withdraw the bulb it is arrested at two inches, showing that the inner stricture is a half inch in length. Now in this case we may treat the deeper lesion by gradual dilatation until it reaches the size of the contracted meatus, but no further, without preliminary treatment of the strictured orifice. Although the second is the smaller of the two, the cure will be expedited by beginning at the meatus itself. Contractions of the meatus do not respond kindly to dilatation but are quickly and safely treated by incision. You will find nice little concealed knives in the shops known as meatotomes, devised expressly for cutting strictures near the urethral orifice, but all practical purposes are answered by a keen bistoury, used with or without a director. The cut should extend through the hardened tissues bearing downward and backward just enough at one side of the median line to escape the frenum. What bleeding ensues is readily checked, as you see, by introducing a full sized sound No. 14, which passes now without trouble to the deeper contraction. A further examination shows the deeper stricture, capable of taking a No. 12. A small piece of oiled lint is now inserted in the meatus to prevent primary adhesion of the wound, and the patient

will be allowed to go, with instruction to report in three or four days for further treatment, which will consist of gradual dilatation with conical steel sounds, at intervals of not less than three days, until the urethra is restored to its normal calibre, as tested by the bulb. In this case as soon as the cut is healed, all discharge should cease, and in the course of three or four weeks, the patient will have little to complain of.

The next case:

No. 1008, C. H. F. D. W. H. S., twenty years old, American, has had two attacks of gonorrhœa during the past three years, the last fourteen months since. There was gleet during pretty nearly all the interval between the two attacks, and since the last it has been constant. The size of stream is lessened, and pain is experienced to some extent before and after micturition.

A contraction of the urethra is found at two and one-half inches from the meatus, admitting a No. 5 bulb. This case requires the same treatment as the other (gradual dilatation), but on account of the smaller size of the stricture we use an elastic olive-pointed bougie, increasing the size until No. 8 has been passed, from which point the conical steel sound will be the best instrument. Steel sounds should never be used of smaller size than No. 9, as even in skilled hands, much damage may be done the urethra by a small inflexible instrument. Care is to be taken in all cases that the bougie enters the stricture, and this is generally

manifest by the firm grip of the contraction upon the instrument. If the bougie passes into a "pocket," or false passage, this does not take place. The largest bougie capable of passing should be left *in situ* only a few moments before withdrawal, and the next size larger introduced at the next interview not less than three days later. The treatment of simple stricture may, in *almost all cases*, be satisfactorily conducted upon the plan illustrated in these two patients—contractions at or close to meatus by incision, and deeper obstructions by gradual dilatation.

The early detection and treatment of stricture of the urethra is a matter of great importance, as the train of evils consequent upon neglected stricture is sufficiently grave to warrant interference in cases where perhaps the patient sees nothing to complain of more than an annoying discharge. Syphilis with its loathsome manifestations, is looked upon with horror and dread, but, if we take only its acquired form, probably kills fewer patients than gonorrhœa.

The next case I have to call your attention to, illustrates in a way that must impress itself upon every witness the folly of neglecting a stricture, although in this case the stricture was the result of accident.

Case No. 976, C. H. F. D. Edward O'N., twenty-four years old, suffered a fall from a ladder twelve years ago, striking the perineum upon a fence board. Attempts at passing a catheter were made and some sort of an oper-

ation done, exactly what he cannot say. After recovery he used a catheter for about four years and then gave it up. The urethra at this time gradually became smaller in caliber until nearly four years ago, when retention came on, and after many unsuccessful attempts at catheterization, by his medical attendant, rupture of the urethra, posterior to the stricture, took place, the perineum became fistulous, and ever since he has been able, with great difficulty, to pass water only through the fistules.

The man applied at the dispensary with the foregoing history on the 12th instant. Examination showed the bladder to be distended to above the umbilicus. Impassable stricture existed at five inches from the meatus. The fistules would not admit the finest probe. The patient had passed no urine for forty-eight hours, and, to add to his misery, under the advice of his friends, had taken large doses of gin and turpentine "to start the water." As some of you saw at the time, his condition was bad, the pulse being 120 and weak, the tongue darkly and heavily coated, his skin covered with cold sweat, and despair pictured on every feature. To his great relief, supra-pubic aspiration was practiced about noon, and nearly two quarts of dark urine drawn off. The patient would not consent to an operation at the time, and at 7 P. M. aspiration was again made to twenty ounces. On the 13th instant, two aspirations of eighteen and fifteen ounces respectively were made; one of eight ounces

on the 14th; one of nine ounces on the 17th, and on the 20th twelve ounces, all by puncture above pubic symphysis. In the intervals between the aspirations, relief was afforded through the minute openings *in perineo*. Yesterday the man consented to an operation, and was admitted as an in-patient. To-day we propose opening the urethra in the membranous portion so as to establish a perineal passage for the urine, and if practicable establish the urethral canal again by slitting it up from behind forward. In almost all cases where the stricture affords an outlet to urine to any extent, a fine whalebone guide may by patience and skill, be passed and used as a guide, making the subsequent operation comparatively simple. In this instance, however, nothing has passed for nearly four years, and the finest guide fails to find any opening. The only method left to us is that already indicated. The patient has been prepared by having the rectum thoroughly cleared by enema, and being thoroughly etherized, is firmly held in the lithotomy position. Now with the left forefinger in the rectum, I incise the perineum with a double-edged scalpel at a half inch anterior to the anus. The knife is thrust straight toward my finger tip, which rests exactly under the middle of the prostate. Before reaching it, however, its point is turned upward, keeping in the median line, incising the membranous urethra and extending the external wound toward the scrotum as it is withdrawn. The escape of urine shows that the dilated

urethra has been opened. I pass a broad-grooved director into the bladder and a catheter along the groove, which empties the bladder thoroughly. Now exploring the bottom of the wound, I find the posterior half inch of the membranous and the whole of the prostatic urethra so dilated by the constant pressure that I have no difficulty in passing my forefinger into the bladder, which should always be examined for stone or gravel in cases of stricture. The organ contains nothing, so we pass a full-sized sound, (No. 12), through the penis to the stricture, and carefully open the urethra from behind forward by repeated touches of the knife point, examining frequently, and keeping in the median line throughout.

The strictured urethra can be felt, like a hard cord at the end of the sound, no canal whatever being apparent for about a quarter of an inch, a very small passage still existing to nearly an inch behind that. The careful dissection being persisted in allows the point of the sound to pass into the bladder; a larger sound is now substituted, and the operation is completed. Ordinarily there is no need to retain a catheter, although formerly a short catheter was always tied in the perineal wound, but as the bladder in this case has lost some of its tonicity, from the repeated attacks of retention, I shall tie in a No. 12 elastic catheter, to be retained as long as necessary.

The patient may now be put to bed, the bladder will be emptied at intervals of three or four hours, and urethra,

bladder, and wound, daily washed out with a solution of Carbolic acid (1 to 200), and a full-sized steel sound passed regularly, after the catheter is withdrawn. You will have an opportunity of watching the case and, in the absence of kidney trouble, probably see it get well, for the operation, although frequently done *in extremis*, is not often fatal in result.

NOTE.

The patient No. 976 recovered well from the operation. There was no bad symptom about the case until the twenty-first day after oper-

ation, when the paasage of a No. 14 sound brought on a sharp attack of urethral fever, lasting three days, and terminating in an herpetic eruption on the left side of the face and trunk. A No. 16 sound had been repeatedly passed during convalescence without producing the slightest disturbance. The perineal wound is nearly closed, the patient left hospital June 19th, able to pass a full stream by the penis without pain. He took Arnica 3x for a few days following the operation, and Arnica and Aconite during the attack of urethral fever.

 NEW PUBLICATIONS.

CLINICAL THERAPEUTICS, Part I., containing Acon., Bell., Bry., Chin., Nux vom., and part of Phos., and Part II., containing conclusion of Phos., Rhus tox, Sulph., Gelsem., Verat. vir., Arnica and Carbo. veg.
By TEMPLE S. HOYNE, A.M., M.D.

and continued fevers. Parts I. and II. contain the records of 472 cases which greatly adds to the value and usefulness of the book. The profession are greatly indebted to Dr. Hoyne for thus placing before them in a convenient form for reference, all the clinical facts of the remedies contained in these two parts. The typographical part of the work is a credit to the publishers, who have really excelled all former efforts. They promise the third part some time in August next.

We have received the parts thus far issued, and are much pleased with them. Each remedy is taken up and discussed in an interesting manner, showing its entire therapeutic range from diseases of the head, eyes, etc., to diseases of the skin, nervous system

S.

RECENT LITERATURE.

PAINLESS OPERATION.

In the *Ohio Medical and Surgical Reporter* for May, Dr. E. C. Buell reports a painless operation by the use of a freezing mixture. The patient applied to him for the removal of a small tumor, or "weeping sinew," situated on the back of the wrist joint. Not wishing to administer an anæsthetic, and being dissatisfied with the "Ether spray," it was determined to use a freezing mixture of snow and salt, about equal parts of each. In less than a minute after the application of the mixture the part was white and perfectly numb. So successful was the experiment, that the patient was unaware of the knife passing through the tissues. It seems that a method so effective and so easy of application should recommend itself strongly to the surgeon for all minor operations, using finely pounded ice instead of snow, when the latter is not at hand.

It may be argued that the freezing process would interfere with the healing of the wound. On this point he says, that in the case just cited there was an incision about three-quarters of an inch in length, and an opening large enough to contain a good sized hickory nut; this was carefully closed and the wound healed by *first* intention.

VIBURNUM OPULUS.

Dr. G. B. Palmer gives the following clinical note on the use of *Viburnum opulus* in *Dysmenorrhœa*, in the *American Observer* for May:

Two years ago my attention was called to the use of *Viburnum opulus*, as a remedy for *dysmenorrhœa*, or menstrual colic. Having a patient who was suffering from this difficulty, I procured the remedy for the purpose of a trial. Her symptoms were, an excruciating colicky pain through the womb and lower part of the abdomen, coming on quite suddenly, just preceeding the menstrual flow, sometimes

lasting for ten or twelve hours. She had been subject to this from the first menstruation. I had failed to do her much good, though Caul. had relieved her sometimes. I gave her *Viburnum* 1^o decimal dilution, three-drop doses, to be repeated in half an hour, if not relieved. The first dose relieved her, and she took but two. During the interval of the next period, I directed her to take one drop, once a day, and if the pain returned at the next time, to take three drops, and repeat as before. Suffice it to say, she has had but a slight return of the colic, and now reports herself as cured.

I have given this remedy in several similar cases, with always good results, providing the pain was of that colicky nature, and occurred at the beginning of the flow; if later, the remedy has not been so effectual.

I have seen no proving of this drug, but think it worthy of attention.

OBLITERATION OF CICATRICES.

Dr. S. B. Parsons, of St. Louis, contributes to the *American Observer* for June an article on A New Operation for the Obliteration of Adherent and Depressed Cicatrices, which is worthy of reproduction:

In the natural course of events, the scar which follows a deep wound through many structures is at first continuous and nearly uniform through the whole depth of the wound. If the wound have extended down to the bone, and the bone be not amply covered in the healing, the scar will be depressed to the bone and so remain. But if the wound have involved soft parts alone, the scar, though it may be at first depressed, will not remain so, but will be gradually raised, by the formation of adipose and connective tissue beneath it, to the level of the surrounding skin. Scars that are thick, or, in other words, where there is an excess of scar formation, are inclined to have this fault, and adhere too much or too long to

the adjacent parts; they fall short of that stage of improvement in which there is a gradual loosening of the tissue which at first unites a scar to the parts beneath or near it. It is a part of the normal healing process that the scar should be freed from its adhesions to the parts beneath or about it. Scars that at first adhere to bone gradually acquire freedom of sliding on it. The failure of this loosening process is often a grave and unsightly inconvenience, either by its deformity, or by rendering the scars liable to ulceration after an injury or any other interference with their nutrition. Depressed scars are quite often, if not oftener, seen from a defect in the healing of a wound where only the superficial structures are involved, whilst adherent cicatrices are generally the result of deep injuries. Though all depressed scars are also adherent, all adherent scars are not necessarily depressed ones. The growth of cicatricial tissue may proceed to the extent of closing up a wound to the level of the surrounding skin and yet immovably fix it to the bone on which it lies. The granulations which at first commenced in a deeper part of the wound and attached it to the bone, are not absorbed or substituted by the normal connective tissue, by which one part may slide or move on another, hence the immobility observed. Certain points of the body, such as the head, face, and front of lower part of leg for instance, are more liable to this faulty healing of wounds than any other. Especially do we notice this in injuries of the scalp, owing, no doubt, to the tightness with which it embraces the skull. In the majority of people who have never received an injury of any kind on the head, the scalp is very closely drawn over it and only slightly moveable beyond the frontal muscular fibres of the occipito-frontalis muscle. It also being quite thin, and having but little adipose or other connective tissue between it and the skull, wounds are exceedingly liable to penetrate to the skull, and, in healing, immovably unite the superficial to the deep structure. Such scars are generally very tender, interfere generally with the motion of the part, are painful and troublesome, particu-

larly from atmospheric changes, and often crack, bleed or ulcerate from the most trivial causes.

It is for such cases I desire to call attention to a new method I have successfully used upon a goodly number, after failing to remedy the defects by subcutaneous division alone, or that mode followed by the use of pins to keep the cut skin raised from the deep parts. The latter method is not a good one, for two reasons, namely, it leaves two additional scars, the points of entrance and exit of each pin, after the operation, and, does not completely separate the divided structure to prevent a reunion of them in a few days.

The success of the operation depends on whatever will keep the lower separated from the upper tissues after division by subcutaneous puncture. That which will not increase the cicatricial surface, and is simplest, is preferable to that which is the opposite to both. My manner of proceeding is to make a subcutaneous puncture with a tenotome, and divide thoroughly, close down to the bone, or whatever tissue the cicatrix is adhered to, and insert into the space or cavity as much catgut as it will hold. This I let remain until it is entirely absorbed, which may be in four days and may be in two weeks. I was led to try this substance for such a purpose through some experiments I had been making to ascertain the readiness with which it would be absorbed by the different tissues at different ages of animal life. In an old cicatrix, on the left side of the forehead, quite high up, and two and a half inches long by one-half inch in width, which was produced by the lady being thrown from a carriage and alighting upon her head on the curbstone, I passed, after subcutaneous division, five and a half inches of catgut, and eight days afterward I was permitted to reopen the wound, under pretense of its requiring more, and found nearly two inches yet remaining, but very soft and diminished in calibre.

From subsequent experiments and observations, I find that the power of absorption of cicatrices is very much less than healthy skin, in the ratio of one to ten, although this is

subject to modifications by circumstances relating to age of the person, constitutional condition, etc. I have never been required to operate the second time, nor failed to elevate the depressed surface, nor have I ever witnessed any bad result or inconvenience from the catgut remaining under the skin.

Previous to using, it should be oiled and worked with the hands to be made soft, but not allowed to soak in any liquid substance. The oil will render it very pliable and prevent for a while the absorption of fluids after being inserted under the skin. To do the work satisfactorily, it is always best to operate under Chloroform.

ACONITE IN FEVER.

We extract the following item from a communication entitled *Aconite an Exceptional Remedy in Typhoid Fever*, presented to the New York State Society, by H. V. Miller, M. D., of Syracuse, N. Y., and published in the *Homœopathic Times* for May:

According to the best medical authorities and the almost unanimous experience of the profession, from the origin of homœopathy to the present day, Aconite is an exceptional remedy in typhoid fever. Hahnemann taught that Bryonia and Rhus tox. were the chief remedies in this disease. Jahr, Hughes, Baehr, Guernsey, etc., all oppose the use of Aconite in this fever as a prominent remedy. Hempel is the principal authority for using it indiscriminately in all forms of fever, even in typhoid, typhus, and hectic. He exaggerates the virtues of Aconite, while on merely theoretical grounds he ignores the great therapeutic value of Apis and Lachesis.

Aconite is not an important remedy in typhoid fever, because its pathogenesis does not correspond with the nature of this fever. Aconite is characterized by great excitement of the heart and arteries, attended with febrile heat, thirst, and anxious restlessness. The pulse is full, hard, and frequent. No such conditions are found to exist in typhoid fever; but instead, there are symptoms of nervous and general prostration. Besides, in early stages

of typhoid fever there is a gradual and peculiar increase of temperature; while in an Aconite fever, there is a higher temperature at the outset, without any gradual increase of temperature from day to day. And it is absurd to depend on an antiphlogistic remedy in the treatment of an adynamic form of fever, which requires such remedies as Arsenicum, Bryonia, Baptisia, Gelsemium, Rhus tox., and Sulphur. Unless a physician uses a fever thermometer for diagnosis, he is very liable to mistake the form of fever. And many cases of supposed typhoid fever treated with Aconite, are not typhoid fever at all, but either catarrhal, gastric, bilious, or rheumatic.

A PROVING OF CANNABIS INDICA

W. H. Heard, of St. Petersburg, Russia, encloses a translation from the Russian to the *Homœopathic World* for May, of a proving of the well-known oriental compound "Hashish," the chief ingredient of which is Indian hemp. The experiment was made by Mr. Maximovich, and the account has appeared in the *Meditsinsky Vestnik* or *Medical Messenger*:

"On Aug. 5, 1876, at 6:58 P. M., I took 0.6 of a gramme of Egyptian hashish, and half an hour after 0.4 of a gramme in addition. Before taking, pulse 72. At 7:10, pulse 80. First sensation, pendulum-like oscillations in the head. At 7:20, pulse 84; a feeling of flow of blood toward the upper part of head, and a strange sensation of contraction, and a kind of collapse within myself; the pendulum-like oscillations in the head increasing. 7:40.—An irresistible inclination to laugh, loud laughter without any particular cause, tendency to rapid movements; pulse 84. I took several quick turns up and down the room, and then sat down. 7:55.—A feeling of heat and pricking in the head, sensation of coldness and numbness in the extremities, which are cold to the touch, and an infinite feeling of melancholy and uneasiness; occasional starts without any visible cause, like those of electric shocks; pulse 96. Playing on the piano, performed by one of those present, produced a magical

effect; it seemed as if the sounds were wafted from a great distance, that every sound had its peculiar life, a special fullness and expressiveness; the sounds seemed to come with fearful rapidity from an endless distance, and to be reflected immediately in the ear—in a word, an ordinary performance seemed equal to that of some eminent pianist, and I thought myself a refined and profound connoisseur, calmly enjoying the playing of some distinguished musician. 8:10—Pulse 104, full; the sensation of heat in the head and pricking in the temples increased; I seemed to bear a loud noise, like that of a waterfall; suddenly the nature of the noise changed, and it seemed to proceed from a number of vehicles driving in the street; then again the noise became like what is heard at the close of a performance at a theatre, the rumbling of vehicles, shouts of men—all combining into one general roar; these sounds suddenly ceased, and gave place to the booming of cannon, and reports of guns at a maneuver. I cut these sensations short by the force of my will, and took a quick turn in the room. I felt a violent thirst. After drinking a glass of water, I sat down on the sofa and closed my eyes at 8:30. Scarcely had I done so, when I felt a remarkable buoyancy and flexibility in all my body; before my eyes appeared a whole series of variously tinted luminous figures, rapidly vanishing, their shape being in the highest degree undefined; then appeared a row of more or less well-defined shapes. The most varied and most luxuriant pictures of nature ever seen by me in reality or in drawings, transported me into a magical world; I thought I was in some virgin forests of South America, then in some cities of Switzerland, and then amidst the ocean, and again amongst heaps of ice and snow, etc. An entire series of reminiscences of childhood, the faces of friends and acquaintances, and the faces known to me by portraits of authors, savants, poets, politicians, etc., all these became blended in my head, presenting a kind of phantasmagoria and the most variegated picture. All these sensations passed rapidly and distinctly before me, and I felt so enrap-

ported that I begged to be allowed to plunge into this fantastic world, and to leave off dictating my feelings. This state lasted till 9:20. During this time those who were present observed that my face was hot, red, and moist; pulse 108. On my recovery, I got up with the intention of walking across the room, but noticed that my gait was unsteady, and that I was swerving to the left, and that the upper and lower extremities of my left side were benumbed. I drank a little water and wine. At 9:45 I experienced sharp and occasionally shooting pains in the loins and in the region of the kidneys. These pains, as well as a feeling of nausea, made my state very uncomfortable; I endeavored to induce vomiting by tickling the root of the tongue, but did not succeed.

It was nearly midnight when I sat down to supper, and ate with a great appetite. At 1 A. M. I went to bed, and my first sensation was, that I was flying from an enormous rock into a fearful and dark abyss. I fell asleep at once, and slept very soundly. It was 11:30 A. M. when I awoke with a feeling of heaviness in the head, with full remembrance of the previous day, and a sensation of emptiness and incapacity for thought. Whatever I did appeared endlessly long; my words, and the conversation of others, seemed too prolonged, whereas in reality it appeared that I spoke as usual. I went out into the street to take an airing, but the farther I went the more it seemed to me that I was walking a very long time, and that the houses and people were all flying away from me. Making an effort over myself, I took the first vehicle, and drove back home. On my arrival, I at once lay down and slept till the evening. On awaking I felt much livelier. The urine which I had collected during the experiments had a peculiar odor, somewhat like that of *Cannabis Indica*. During the day, according to my own observation, as well as that of others, my face was exceedingly pale, the pupils dilated, the expression that of great illness. It was only on the next day that I was able to take to my ordinary occupations."

HOW TO PREVENT DESQUAMATION IN SCARLET FEVER.

How to Prevent Desquamation of the Cuticle in Scarlet Fever, and so to Limit the Spread of the Disease, is the title of a paper in the May number of the *Homœopathic World*, contributed by Dr. George Lade, of England, from which the following abstract is taken :

"The treatment is of the simplest kind. It merely consists in the application of a lotion of warm diluted Acetic acid to the skin of the patient several times a day. I adopted it in every case of scarlet fever that passed through my hands during the greater part of the last three years. In the proportion of one part of the acid to five or six parts of hot water, I applied the lotion with a sponge, as warm as the patients could bear it, three times a day to the whole of the cutaneous surface for a few seconds at a time, and immediately afterward mopped, but not quite dried, the skin with a soft towel. This treatment I began as soon as the nature of the illness was recognized, and continued until complete convalescence was established. I usually made a point of superintending the first application of the acid, as I consider the mode of sponging the patient, and the avoidance of all unnecessary exposure of the body during the operation, matters of the greatest importance.

* * * * *

I think I am fully warranted in drawing the following conclusions from my employment of it :

1. That the hot diluted Acetic acid, when applied with due care and for a sufficiently long time to the skin of persons affected with scarlet fever, prevents desquamation of the cuticle ; and

2. That the acid so applied materially controls the spread of the disease."

SANTONIN.

As illustrating the physiological action of this drug, Dr. Cuthbert, of Edinburgh, relates (*Lancet*, March 3,) the following case :

"I gave lately four grains of Santonin to a slightly-made pale-faced girl, aged eighteen,

who is very much annoyed with worms. She told me that in about twenty or thirty minutes after taking the medicine she was seized with giddiness, intense headache, and every object appeared to her of a bright green color. She was obliged to go to bed. This state of matters continued all night ; for in the morning when she got up she still had the headache and the color-blindness. These untoward symptoms gradually wore off, and in half an hour they were quite gone."

ANOTHER PROVING OF BELLADONNA.

Dr. Gillespie sends the following case of Belladonna poisoning in a letter to the editor of the *Lancet*. In his letter, he says : "A few years ago I had under my care an elderly gentleman with severe stricture and perineal fistulæ. The irritability of the urethra was at times so great as to prevent the introduction of any instrument. I tried extract of Belladonna, smeared on the bougie, without success ; and on one occasion, when there was great spasm with retention, requiring prompt use of the catheter, as warm baths, etc., had failed, I rubbed up a few grains of the extract with glycerine, and injected about thirty drops by means of a small syringe into the urethra, a drop or two issuing from the fistulæ. To my horror, in less than five minutes the patient became as red as a lobster, and quickly sank into a state of unconsciousness, with muttering delirium. This happened in a country house far from all assistance ; but fortunately the inhabitants were in the habit of drinking strong coffee, and the freshly-roasted berry is to be found in every house ; so I set the cook to work at making 'café noir.' Taking great care to prevent suffocation in the unconscious state of the patient, giving a little at a time, I managed to make him swallow twelve small cups of the strongest coffee, and in less than an hour had the satisfaction of seeing him recover from a state which seemed hopeless. It is generally understood that there is no danger of absorption of the mucous membrane of the bladder. Whether this holds good for the

urethra, I cannot say; but in this case it is likely that absorption took place by the lining membrane of the fistulæ, which, as they were of long standing, must have been of the nature of mucous membrane."

Really we cannot thank our colleague too much for his interesting proving, though we do not find by his letter that his patient expressed a deep sense of gratitude.—*Homœopathic World*.

COCKROACHES IN DROPSY.

In Russia the common cockroach is a favorite popular remedy for dropsy. Dr. P. Bogomolow, of St. Petersburg, has lately examined its effects in nine cases of Bright's disease, heart disease, and other affections accompanied with severe dropsy, and the result was uniform in each case. There was an increase in the secretion of the urine and perspiration, with rapid disappearance of œdema, and also almost complete disappearance from the urine of albumen and renal derivatives. The dose was five to ten grains of the powdered cockroaches in the twenty-four hours, but they were administered as a tincture and as an infusion. These insects do not, like cantharides, produce any irritant action on the kidneys. Dr. Bogomolow has succeeded in extracting from them a crystalline body which he calls anthi-dropsin, and which is their active principle.

AN ACCIDENTAL PROVING OF NITRITE OF AMYL.

The following symptoms were caused by the evaporations from a two-drachm glass-stoppered bottle, which had been shaken in moving:

March 10. Entering the room at 10.25 P. M., I noticed the pungent odor of the Nitrite. The effects were:

An increasing sense of stupefaction, with flushing of the face and scalp.

A sudden smarting of the conjunctivæ; with injection of the ocular conjunctivæ; and dimness of vision, as if caused by a film.

Sub-acute smartings in præcordial region;

then in right renal region; then in right axilla; then at mid-sternum; then in lumbar region; then in lower lobe of right lung, at apex of heart, and in lower lobe of left lung, with tenderness on pressure. Increasing dyspnoea, with sneezings, nasal catarrh, and sighing respiration. Pulse (sitting) 68, small, feeble. The smartings changed position rapidly, being almost persistent in the eyes, bases of lungs, and spine. After enduring the increasing discomforts for some twenty minutes, respiration became a series of gaspings, whereupon I beat a retreat.

March 11. On awaking the pains returned with increased intensity, especially in spine, lungs, and conjunctivæ; with shifting pains, caused by movement, on dorsal surface of right hand, on left patella, and from left thumb to axilla; with catarrhal symptoms, and severe fronto-orbital cephalalgia. Many of these symptoms returned, with varying intensities, during the day; at times accompanied by sighing respiration. They were intensified by the odor being again inhaled. Urine clear, acid; sp. gr. 1014; free from albumen and phosphates; light cloud of an oxalate (probably lime); and distinct traces of sugar. Pulse (sitting) 78 to 84, feeble.

A few drops of the Nitrite, on a cloth, held before the nostrils of a small dog, caused violent sneezings and injection of the conjunctivæ.

March 12. During the morning a dull aching in cervical region, which gradually moved to sub-occipital region, and then passed away. During the evening, smartings in the eyeballs, with injection of the conjunctivæ. Urine clear, acid; sp. gr. 1020; trace of oxalates, and sugar in marked quantity.

March 13. After rising, sneezed violently three times, severe occipito-frontal headache, felt most in sub-occipital region; smarting of the conjunctivæ, and weakness of vision. Urine clear, free, acid; sp. gr. 1016; saccharine. Pulse (sitting) 80; general lassitude.

March 14. Occipito-frontal headache, with aching in right renal region; smartings of

conjunctivæ. Urine clear, free, acid; sp. gr. 1020; saccharine.

March 15. Severe occipito-cervical achings, with increased frequency of renal achings; smartings of conjunctivæ. Urine clear, free, acid; sp. gr. 1020; abundance of sugar. Pulse (sitting) 70, regular.

March 16. Constant occipital headache, and achings across loins. Urine clear, acid; sp. gr. 1018; less sugar.

March 18. Achings remain, with weakness of eyes, and smartings of conjunctivæ. Urine clear, acid; sp. gr. 1016; traces of sugar.

March 21. Slight occipital headache, and smartings of conjunctivæ; returns of loin achings on waking, and on lying down at night. Urine clear, acid; sp. gr. 1018; traces of sugar.

March 28. Remains of sub-occipital and loin achings, increased by fatigue. Urine clear, acid; sp. gr. 1012; mere traces of sugar. Pulse (sitting) 66, regular, feeble.

April 18. The weakness of vision persists. Urine clear, acid; sp. gr. 1014; traces of sugar. Pulse (sitting) 68, regular.

Moore's and Trommer's tests, for sugar, were employed. Many of the subjective symptoms returned on inhaling the 1st decimal dilution.

The achings mentioned were increased by fatigue, and were most marked during the evenings. I was in usual health at the time of first inhaling, and no alteration was made in diet, exercise, or the routine of work.—*Dr. Morrison in Monthly Homœopathic Review*, (London).

MEDICAL MEMORANDA.

THE BUTTERFLY BALL.

The Butterfly Ball, given by the Ladies Auxiliary Board of the Central Homœopathic Free Dispensary for the benefit of that institution, was a stupendous success, financially; the inside of McVicker's Theatre was almost a perfect jam of human beings long before 3 o'clock, the time for the commencement, and great numbers were turned away, being unable to gain admittance. Every seat was sold by 10 o'clock on the morning of the performance, and many ladies who were determined to witness the novel entertainment were happy to rely upon the walls for their only auxiliary support.

And aside from the success achieved by the managers from a financial point of view, the performance was conducted from beginning to end without a break or an accident to mar the enjoyment of the occasion.

The lady managers of the entertainment were: Mrs. Sabin Smith, the director-in-chief

over all; Mrs. Telford Burnham and Mrs. Fred L. Fake, of the South Side; Mrs. Dr. A. W. Woodward, Mrs. George Mason and Mrs. Howard, of the West Side. These were assisted by the following gentlemen managers: Messrs. J. H. Roberts, Charles L. Bonney, Dr. Charles Hall, and Dr. A. W. Woodward.

To Mrs. Dr. Woodward is due the success of the performance, so far as the arrangements of the piece was concerned. It was she who laid the plot of the play of "The Culpit Fay," and assigned each little one his or her part, beside furnishing the ideas and designs of the tableaux and scenery, all of which was very effective. Prof. Martine instructed the children in the difficult mazes of the dance, and they did honor to his teaching, as exhibited in the various forms executed.

There were in all about 150 children,—100 little girls and 50 little boys, the oldest of whom was probably about 12, and the youngest had arrived at the mature age of 4 years, with-

out any score. These were all dressed up as nearly as possible in the latest fashion of the butterfly court, each cherub being provided with a superb pair of wings, which made it look to the people of the audience like the picture of an angel, only more so.

The first part of the programme was composed mainly of brilliant scenic displays and pantomimic movements, suggested by a study of "Midsummer Night's Dream." The following is a brief synopsis of this portion of the ball:

The scene opens with the Court of the Queen of Butterflies. This supreme sovereign (Annie Redfield), in honor of the natal day of many of her subjects, gives a grand ball, summoning her guests from sea, air and forest, not neglecting good little earth children, who from love of nature delight in woodland revels. The Queen enthroned, surrounded by her court, witnesses the bursting from the chrysalis of many of her subjects, and then ensues a merry dance. This birth of the butterflies, which shoot out from the huge caterpillar forms which lie in profusion about the stage, shake out their wings and commence dancing around in perfect time to the soft waltz music, presents a scene at once novel and mirthful, and takes the audience by storm.

Oberon, the King of the Elves (Hall Fake), and Titania, Queen of the Fairies (Lena Reed, the only representative from the North Division), then appear, accompanied by a troop of fairies of both genders, who charm the winged queen with their elfin sports.

The children of the earth then claim a right to dance, and a series of solo dancing ensues, each little form incased in character habiliments.

"THE CULPRIT FAY."

And now

'Tis the hour of fairy ban and spell;

The woodtick has kept the minutes well;

"Hither, hither, wing your way!

'Tis the dawn of fairy day."

They come from beds of lichen green,

They creep from the mullen's velvet screen;

in short, they come from every conceivable quarter of the rock-mounted stage, and flock

about the throne of the Fairy Queen, who sits in state in her bower of roses, while the little Cupids are sharpening their arrows upon a gilded grindstone near by. The minstrel, Mrs. Laura E. Dainty, comes forth among the little forms, as they repose upon the ground, and tells the audience the story and the cause which brings the elfin host together.

They come not now to print the lea,
In freak and dance around the tree,
Or at the mushroom board to sup,
And drink the dew from the butter-cup;
A scene of sorrow waits them now,
For an Ouphe has broken his vow;
He has loved an earthly maid,
And left far his woodland shade;
He has lain upon her lip of dew,
And sunned him in her eye of blue,
And nestling on her snowy breast,
Forgot the lily-king's behest.

For this the shadowy tribes of air

To the elfin court must haste away:—

And now they stand expectant there,

To hear the doom of the culprit Fay.

And in the distant wood could be seen the beautiful and guileless earthly maiden (Miss Annie Slocum), seated upon a moss-covered mound, with the culprit Fay by her side, toying with her long tresses of gold and drinking nectar from her willing lips in long-drawn draughts. Mrs. Dainty tells her story well, and elicits great applause.

A guard is detailed, which marches forth into the wooded retreat of the worldly maid, and drags the guilty elf from the arms of his love, soon appearing with him under arrest before the august tribunal. He hangs his head in shame as he marches before his monarch, and falls prostrate at the foot of his throne.

Then the king rises from his seat and stretches his wand over the culprit, while Mrs. Dainty, from behind the scenes, recites the punishment to be inflicted upon him for his great crime, which, however, is mitigated because, as he says:

But well I know her sinless mind
Is pure as the angel forms above,
Gentle and meek, and chaste and kind,
Such as a spirit well might love.

But, he continues:

Fairy, had she spot or taint,
Bitter had been thy punishment.

As his punishment, the derelict Fay is instructed to seek the beach of sand which bounds the elfin land, and watch in the moonlight until the sturgeon leaps from the water and darts his glisten arch below, and directly under this bow he must catch in his crimson bell the spray bead which falls back into its native element. Should he succeed in doing this, the stain upon his ring would be washed away, which would enable him to mount to the milky-way and follow a shooting star and catch the last spark which fell into space before its fire was quenched. All of which the culprit performed, after meeting numerous adventures, both in the water and the air, and returned to the court of the fairy bower to be received by his companions with mirth and gladness.

While upon his starry voyage, mounted upon his goodly firefly steed, he fell in with the beautiful princess of the moonlit realms, who fell desperately in love with him, and held out inducements for him to remain with her in ethereal bliss; but the reforming Fay was true to his earthly love, and never forgot her sweet face.

CHICAGO AS A SUMMER RESORT.

As a place of summer resort, Chicago presents every possible inducement to the whole world. The weather is absolutely delightful. The days are rarely hot, and the nights are cooled with the refreshing breezes off the lake. The bright, clear sky, bracing air, and the purest water in the country, ward off fevers and epidemics, and make it one of the healthiest cities in the world. Our storms are but passing showers. Even the great tornado which the St. Louis Professor concocted with special reference to demolishing Chicago, and which went sweeping over the country yesterday (June 25th), passed through the city and left no sign of its wrath except an overturned peanut-stand. The fashionable world can here find ample opportunities for its enjoyment. During the day it would meet all the world

here. At dinner it would have all the delicacies and luxuries of the market from every point of the compass, served up in the most elegant style at the largest and most palatial hotels of the world. After dinner it could drive for miles along the lake-shore roads, basking in the moonlight and listening to the music of the waves, or, if so disposed, choose the boulevards and parks, and refresh itself among the trees, flowers and fountains. Returning from the drive and dressing for the evening, it could flirt, gossip and dance, for the nights are not too hot for terpsichorean amusement. Nowhere else are such opportunities offered for personal comfort and enjoyment. When Mr. Thomas came here with his noble orchestra to spend the summer, it was a quiet acknowledgment of the superior claims of Chicago as a place of summer resort over New York, Boston, Philadelphia, Cincinnati, St. Louis, and other suburban places, and over the watering places like Cape May, Long Branch, Newport and Saratoga. The great crowds pouring into our hotels also testify to the same fact.

PERSONALS.

Dr. J. H. Wyatt has located in Ashland, Cal.

Dr. J. Deetrick has settled in Georgetown, D. C.

Dr. Walter Dake has settled in Jackson, Tenn.

Dr. G. C. McDermott makes his home at Warren, Pa.

Dr. E. A. Wehrman, has selected Clarington, Ohio, as his future home.

Dr. J. Albro Eaton now resides at 435 Franklin avenue, Brooklyn, N. Y.

A. J. Murch, M.D., of Belle Plaine, Iowa, is the first subscriber to the HOMŒOPATHIST.

Dr. N. Johnson, formerly of Bay City, Mich., is now practicing in Kansas City, Mo.

Dr. Sheldon Leavitt will lecture on obstetrics at the Hahnemann during the winter session.

Dr. Geo. M. Dixon has removed to Sacramento, Cal., on account of the health of his family.

Dr. I. W. Buddeke has removed to Memphis, Tenn., and formed a co-partnership with Dr. L. D. Morse.

Dr. A. L. Marcy, lectures on chemistry and toxicology in the Chicago Homœopathic College, the coming term.

Dr. H. N. Baldwin takes the chair of physiology, in the auxiliary corps, at the Hahnemann Medical College.

Dr. H. C. Allen, agent of the Homœopathic Mutual Life Insurance Company, has made Toledo, Ohio, his home.

Dr. S. J. Bumstead, late of Pekin, Ill., removes to Decatur, in the same state, to take the practice of Dr. J. W. Routh, who goes to Texas.

Dr. R. N. Foster has removed from No. 481 West Madison street to more elegant and commodious quarters at No. 10 Warren avenue, Chicago.

Mr. S. S. Bliss, who has been out of business for the past two years, has regained his health, and resumed the surgical instrument business at 70 State street.

Dr. J. W. Routh, late of Decatur, Ill., removes to San Antonio, Texas, where he intends devoting attention to the treatment of diseases of the lungs as a specialty.

A communication from the pen of T. S. Hoyne, M. D., of Chicago, entitled "Staphysagria," is already in hand, and will be published in the August number of this journal.

C. A. Hughes, M.D. and Mrs. M. E. Livingston M.D., were married at Three Rivers, Mich., June 21, 1877. Together in college, together in life, and we hope together in the promised after life.

Dr. T. P. Wilson, editor of *ye Advance*, has been presented with "a white silk hat with all the modern improvements, namely, a sky-light and bay-window made of fashionable blue glass." Done at Cleveland, etc.

The venerable Dr. A. O. Blair, of Colum-

bus, Ohio, the pioneer of homœopathy in the Buckeye state, was present at the late meeting of the State Society, and at their banquet responded to the toast "Our Medical Societies."

The Massachusetts Medical Society has expelled Dr. Gale, of Newburyport, for practicing homœopathy. The New Hampshire Society expelled Dr. Gale's father, one of the Declaration of Independence, who was opposed to the then common practice of bleeding fever patients.

Mr. Charles Trueman has been compelled, through ill health, to retire from the post of official manager of the London Homœopathic Hospital. For some months past he has been completely laid aside by rheumatism, from which he has suffered severely for several years. The office Mr. Trueman has so long and so well filled has been offered to Mr. Alan Chambre, who will undoubtedly accept.

We cordially welcome into the "commercial arena" the firm of Charles K. Miller & Co., Advertising Agents, No. 2 Tribune building Chicago. Mr. Miller enjoys an enviable reputation, and possesses that most competent assistant, long and practical experience, elements, clearly establishing for the new house, the possibilities of a limitless advancement and success.

On the afternoon of July 25th, at 2:30 o'clock, Miss Isa M. Bailey was married to Dr. E. Hartley Pratt, of Wheaton, Ill., the Rev. C. P. Mercer, of the Central Swedenborgian Society, officiating. The wedding took place in the Palmer house parlors, and was a very quiet affair, being witnessed only by the relatives and immediate friends of the contracting parties. The happy couple went east for a short trip, and will return so as to be "at home" after Thursday, July 5th.

ITEMS OF INTEREST.

The University of Michigan has lengthened its term of lectures to nine months.

The HOMŒOPATIST reaches those who take and read no other medical journal.

A characteristic of this journal—Something useful and entertaining for every reader.

Eighteen hundred dollars in the treasury of the Central Homœopathic Free Dispensary, is the result of the Butterfly ball.

Homœopathy lives in Belgium, and has a happy, vigorous life of it, evidently, for Dr. Richaid, of Mons, has written a charming little book for the help and guidance of Belgian mothers.

Exclusive.—Doctor: "I'm pleased to say, Mrs. Fitzbrown, that I shall be able to vaccinate your baby from a very healthy child of your neighbor, Mrs. Jones." Mrs. F.: "Oh, dear doctor, I could not permit that! We don't care to be mixed up with the Joneses anyway."

Business men who desire to give the widest publicity to their cards, will find the AMERICAN HOMŒOPATHIST an excellent and remunerative medium for advertising; while the rates are reasonable and proportionate to the large and well-distributed circulation.

A translation of Dr. Ludlam's Clinical Lectures on Diseases of omen, Winto the French language, has just been completed by Dr. Claude, of Paris, Secretary to the Societe Medicale Homœopathique de France, and a member of the literary staff of *L'Art Medical*.

The London School of Homœopathy was opened May 1st, when the inaugural address was delivered by J. Gibbs Blake, M.D. A course of materia medica and therapeutics will be delivered during the summer and winter sessions, by Dr. Richard Hughes, also, a course of principles and practice of surgery, by Dr. D. Dyce Brown.

"It may be safely said that the physician who reads several good journals faithfully, is always two or three years ahead of him who awaits the more elaborate but tardier finish of books. Distrust the man who buys no new books and takes but one or two journals; but cut his acquaintance entirely, who is found with neither. He trifles with human life, and disgraces his profession."—*Holcombe*.

The Presidential Address of the late Dr.

Detweiler, points out several needed reforms among which the following is one greatly to desired:

* we each and every one should keep a carefully kept record of what we physicians do throughout the entire year. I repeat, we want a carefully kept record by each physician of our special cases, their history, diagnosis, and treatment; and there is great need of careful, systematic observations and records of the relation of clinical, atmospherical, and topographical influences, as regards the causes of disease.

The HOMŒOPATHIST hopes that its readers will accept, as a pleasant duty, the above suggestion, and make it useful by sending the reports to this journal for publication.

NECROLOGICAL.

Special Dispatch to The American Homœopathist.

JACKSONVILLE, Ill., June 28.—Dr. M. M. L. Reed, after a prolonged illness, died in this city to-night. Dr. Reed was one of the pioneers of this country, and one of the oldest and best-known homœopathic physicians of the state.

SOCIETY SUMMARY.

WISCONSIN.

The thirteenth annual session of the Wisconsin State Homœopathic Medical Society was held at the Patty House parlors in Fond du Lac., commencing June 13.

NEW JERSEY.

The New Jersey State Homœopathic Medical Society, held its seventh annual meeting at Newark, N.J., on Tuesday, May 1st, 1877.

MICHIGAN.

The annual meeting of the Michigan Homœopathic Society was held in Grand Rapids, May 15th and 16th. There was a larger number present than ever before, and much more interest manifested. Dr. F. Woodruff, of Detroit, was elected president; Dr. L. M. Jones, Brooklyn, and W. J. Calvert, Jackson, vice-presidents; Dr. C. M. Prindle, Grand Rapids, secretary; Dr. DeF. Hunt, Grand Rapids, corresponding secretary.

See "Special Offer."

Subscription: Two Dollars a Year, Twenty cents a Number.

AMERICAN HOMŒOPATHIST

A MONTHLY JOURNAL OF
MEDICAL, SURGICAL AND SANITARY SCIENCE.

J. P. MILLS, M.D., Editor.

Vol. I.

AUGUST, 1877.

No. 2.

CONTENTS

BLEPHARITIS; GRAPHITES, MERCURIUS SOL., PETROLEUM. <i>W. H. Woodyatt.</i>	41	ARTIFICIAL FEEDING OF INFANTS. <i>Albert G. Beebe.</i>	61
THE THERAPEUTIC RANGE OF STAPHYSAGRIA. <i>Temple S. Hoyne.</i>	44	A CASE OF ALBUMINURIA. <i>H. L. G.</i>	67
COMPOUND, COMINUTED FRACTURE OF THE FIBULA, AND SIMPLE, TRANSVERSE FRACTURE OF THE TIBIA. <i>R. C. Sabin.</i>	49	AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.	93
EXTENSIVE LACERATION OF THE CHEST WALL.—RECOVERY. <i>R. C. Sabin.</i>	50	"DENTAL" AS RELATED TO "GENERAL" PRACTICE. <i>Gorton Nichols.</i>	69
A MILK DIET THE TRUE PROPHYLACTIC FOR SCARLET FEVER. <i>W. H. Bart.</i>	54	MEDICAL GLEANINGS.	70
SCARLET FEVER AND MILK. <i>E. M. Hale.</i>	59	Neuralgia of the Supra Orbital Nerve—Suppressed Neuralgia—Acetic acid in Scarlet Fever.	
		MEDICAL MEMORANDA.	73
		Homœopathic Medical Society of the State of Wisconsin. — Personals. — Items of Interest.—Society Summary.	

CHICAGO:

A. L. CHATTERTON AND COMPANY,

NO. 121 DEARBORN STREET.

CHICAGO

Homœopathic College

WINTER TERM.

The Winter Session of 1877-8 will open on October 3d, and continue twenty-six weeks. This College has a full corps of experienced professors, each of whom devotes special study to the branch he teaches. Particular instruction is given in all practical branches, with abundant illustration from the largest Homœopathic medical, surgical, and obstetrical clinic in the west.

FACULTY AND TRUSTEES.

GEO. E. SHIPMAN, A.M., M.D., Emeritus Professor of Materia Medica.
H. P. GATCHELL, A.M., M.D., Emeritus Professor of Physiology and Hygiene.
RODNEY WELCH, A.M., M.D., Emeritus Professor of Chemistry and Toxicology.
LEONARD PRATT, M.D., Emeritus Prof. of Special Pathology and Diagnosis.
J. S. MITCHELL, A.M., M.D., Professor of Theory and Practice in Clinical Medicine.
ALBERT G. BEEBE, A.M., M.D., (Prof.
CHARLES ADAMS, M.D.,) Professors of Principles and Practice of Surgery and Clinical Surgery.
WILLIS DANFORTH, M.D., Professor of Gynecological Surgery.
JOHN W. STREETER, M.D., Professor of Diseases of Women and Children.
R. N. FOSTER, A.M., M.D., Professor of Obstetrics.

W. H. WOODYATT, M.D., Professor of Ophthalmology and Otology.
E. M. HALE, M.D., Professor of Materia Medica and Therapeutics.
A. W. WOODWARD, M.D., Professor of Analytical and Comparative Materia Medica.
E. H. PRATT, A.M., M.D., Professor of Anatomy.
J. R. KIPPAK, LL. B., M.D., Professor of Dermatology and Medical Jurisprudence.
R. N. TOOKER, M.D., Professor of Physiology.
N. B. DELAMATER, M.D., Lecturer on Electro-Therapeutics and Special Nervous Diseases.
L. C. GROSVENOR, M.D., Adjc't Professor of Theory and Practice.
A. L. MARCY, M.D., Lecturer on Chemistry and Toxicology.

Persons desirous of obtaining further information respecting this course are requested to communicate with

CHARLES ADAMS, Secy., 1143 Wabash Ave.

THE
American Homœopathist.

A MONTHLY JOURNAL OF MEDICAL, SURGICAL,
AND SANITARY SCIENCE.

Vol. I.—AUGUST, 1877.—No. 2.

BLEPHARITIS; GRAPHITES, MERCURIUS SOL., PETROLEUM.

SERVICE OF W. H. WOODYATT, M.D.

[Professor of Diseases of the Eye and Ear, Chicago Homœopathic College.]

The following cases serve to illustrate the points of resemblance in the three remedies given. What may be noticed here has been observed in other cases, namely, that while the Graphites may do the most for a blepharitis occurring in connection with a general eczema of the head, and appearing on the lids when no trouble with the globes has been present, the Mercurius operates very favorably in quite a similar condition of the lids edges, but occurring after, or in connection with, a phlyctenular inflammation of the conjunctiva or cornea.

The cases stand as types of this disease, which are frequently met with, and are fully within the curative grasp of the remedies.

Case 1. A. G., female, aged three. Four months ago an eczematous eruption appeared behind the child's ears. Two months ago the eyes became sore, and at her first visit to the clinique presented the following appearance:

Right eye, lower lid, tarsal margin thickened, red, coated with dry scales which extended down on the cheek. Upper lid affected similarly, but to a

less degree. Slight photophobia and lachrymation. Prescribed Graphites 30x, four times daily.

In twenty days the eruption behind the ears, on the lids and cheek decidedly improved in appearance. Tarsal margin of upper lid slightly raw-looking and roughened. Lower lid, edge dry and scaly. Skin of the cheek, at the lower outer quadrant of the orbit, red and a little rough. Remedy continued for twelve days, when the thickness of the lid edges remained, but without scales. The upper lid, however, was inclined to crack and bleed. The lashes were very scanty, and dropped out on slight touch. The remedy was continued in the thirtieth potency during three weeks following, but with very little benefit. Sulphur 6x was then given four times a day during one week, when she was again placed upon Graphites 30, which completed the cure in one month.

Along with the internal treatment the child was ordered to be kept in the open air as much as possible; to receive salt baths three times a week, and to be fed plain, nutritious food.

Duration of treatment, ninety days. Remedies, Graphites 30, and Sulphur 6x, the latter simply as an intercurrent.

INDICATIONS FOR GRAPHITES.

Blepharitis in chlorotic anemic subjects, with itching of the lids; heaviness; photophobia; disposition to styes; fissured eruptions around mouth, nose and ears; outer canthi cracked, and bleed easily; lid edges

swollen, red, covered with dry scales or scurfs, or ulcerated.

Case 2. L. B., female, aged three. Six months ago had the measles, which attack was followed by phlyctenular inflammation of the cornea in both eyes. At her first visit her general condition was bad. Flesh soft, pale and flabby; lips thick and swollen; nostrils excoriated by an acrid discharge. Eyes.—Marked photophobia, free lachrymation, phlyctenulæ upon each cornea with vessels running to them. Lid edges reddened by the tears and by the rubbing. Prescribed Mercurius sol. 3x, every three hours.

During the first week her whole condition improved, and the corneal ulcers disappeared, leaving slight opacities behind. The lids now were redder, especially along the base of the tarsal cartilages, with some thickening and formation of scurfy scales. The outer canthi were cracked and bled easily when the lids were opened with the fingers. Notwithstanding the apparently strong indications for Graphites, the Merc. sol. was continued and the blepharitis disappeared in one week. The entire aspect of the child had changed. Lips had become smaller, nose had healed and the face had a better color. Salt baths and plenty of outdoor air was ordered in this case.

Phlyctenular conjunctivitis or keratitis very frequently terminates in a blepharitis, and this inflammation of the lid edge quite often presents a much worse appearance, externally,

than the original trouble. This transfer of the trouble may, however, be regarded with favor, for it is readily controlled, and is not in danger of leaving behind unpleasant opacities to impair the sight, as is the milder appearing, but much more dangerous, keratitis. The last stage of the disease may *look* worse under such circumstances than the first, but since its more external location indicates an early departure, as a rule it may be looked upon with composure.

Duration of treatment, fourteen days. Remedy, Merc. sol. 3x.

INDICATIONS FOR MERCURIUS SOL.

Lids thick, swollen, red, *especially along the base of the tarsal cartilages*; scurfy or ulcerated; sensitive to heat, cold, or touch; great photophobia; much lachrymation; conjunctival discharge, requiring frequent wiping, gumming the lids in the morning; external canthi red, sore and cracked. Very frequently useful in blepharitis following a phlycticular keratitis or conjunctivitis; aggravation at night, from warmth, from artificial light; excoriated nostrils; acrid nasal discharge; soft, flabby tongue.

Case 3. W. W., male, aged six. Has had trouble with his lid edges for two years. The lower lids are the worst, the lashes are all gone; in the upper a few stunted hairs remain. Along the line of the lashes, exuding from the ciliary glands, is a thick, dirty, yellow crust, which entirely covers the tarsal base. When this is removed, a raw, moist surface is ex-

posed. The tarsal edge is much swollen and red, and the conjunctiva is drawn up and exposed, causing it to be roughened and hypertrophied. The increased thickness of the lids narrows the palpebral fissure quite decidedly.

He was placed upon Petroleum 6x, internally, four times a day, and ordered to apply Cosmoline, locally, night and morning. The strictest cleanliness of the lids was enjoined; the crusts were not to be allowed to collect and stick to the surface, that we might thus avoid a constantly aggravating influence. In one week the lids were thinner, and, instead of the former crusted appearance, were now dry, glazed, and red. The remedies continued to act well for a month, but the case standing still during two weeks following, Sulphur 6x was prescribed four times a day for a week, and the Petroleum renewed. The eyes again improved, but not rapidly, and after two weeks, Graphites 30 was substituted. Under this remedy the left eye recovered so that the thickness, redness and crusting had entirely disappeared. The lashes had commenced to grow again, but slight irritation from wind, heat, or rubbing, would cause temporary redness. The right was not entirely well when the patient disappeared from our care.

Duration of treatment three months. Remedies, Petroleum 6x, Sulphur 6x, and Graphites 30x.

INDICATIONS FOR PETROLEUM.

Petroleum has produced good re-

sults in many cases of the eczematous variety of blepharitis, for which it has been prescribed because of its action upon the skin in similar conditions.

The local symptoms, for which the remedy is useful, resemble closely those named under Graphites and Mercurius.

THE THERAPEUTIC RANGE OF STAPHYSAGRIA.

BY TEMPLE S. HOYNE, A.M., M.D.

[Professor of Materia Medica and Therapeutics, Hahnemann Medical College, Chicago.]

Read before the Homœopathic Medical Society of the State of Wisconsin.

This remedy has been overlooked by the great majority of homœopathic physicians. It is certainly deserving of more than a passing notice, as it resembles, in many respects, Nuxvomica, Pulsatilla, Sulphur, Thuja, Lycopodium, Calcarea carb., Arsenicum, Colocynthis and Silicea.

In the affections in which it is indicated we find that the patient is very sensitive to the least impression; is very indignant, with great concern for the future. It suits also those suffering from envy, pride, or chagrin.

In eruptions on the scalp and scald head it proves curative when there are yellow, moist, offensive scales, and falling out of the hair.

In cephalalgia we find it useful when there is a sensation as of a round ball in the forehead, sitting firm there, even when shaking the head. The brain feels as if compressed, with paroxysmal roaring in the ear.

The following affections of the eye require Staphysagria:

1. Styes, especially when situated on the upper lid.

2. Blepharitis when the margins of the lids are dry and itching.

3. Chronic catarrh of the conjunctiva, with inflammation of the Meibomian or ciliary glands.

4. Lacerated wounds of the cornea—here it takes equal rank with Calendula and Arnica.

Case I. Mrs. B., aged thirty-two. Had six years ago a steatoma as large as a pea on the left upper eyelid, which was cut out by a surgeon. Two years ago she had another, on the lower eyelid, of the same side, which was similarly removed. In the summer of 1868 she had another in the same place, for which I was consulted. This steatoma was the size of a lentil and was situated on the palpebral conjunctiva. Subjective symptom, itching. Staph., 1st cent., cured. Dr. Koch.

Dr. Bayes says the 12th dilution of this medicine he has found of great use in curing smarting pain in the eyes, coming on chiefly in the evening and preventing the patient from reading or working by candlelight. It

also exerts a beneficial influence in weakness of the optic nerve, the eye soon tiring.

Hard hearing from swelling of the tonsils, especially if occasioned by the abuse of Mercury, is speedily relieved by Staph., if Nitric acid has failed.

In facial neuralgia we have found it serviceable, when there are pressing and beating pains extending from a decayed tooth to the eye; aggravated by slight pressure, or by the contact of a metallic substance, such as a knife or a spoon; ameliorated by firm pressure.

Case 2. In a very acute case of neuralgia occurring in an old lady, and affecting chiefly the face and forehead on both sides, I found Staph. 30 and 12 of great benefit. The case had for years resisted all treatment, both medical and surgical. Some branches of the nerve had been divided with only partial relief. When I saw the case the patient was unable to put food into her mouth save with her fingers, the least metallic contact with a spoon or a fork always brought on a violent attack. The sensations were as fine cuts with a very sharp knife, beginning at the lips and extending to the eyes and above the orbits. Mastication was impossible from the pain it induced, and the patient was reduced to living upon sops put into her mouth with her fingers. The relief afforded by Staph. was remarkable and made her life bearable, though it did not perfectly cure her, which was possibly the combined fault of her age and the con-

tinued wrong treatment under which she had suffered. Dr. Wm. Bayes.

Staphysagria is one of our best remedies for toothache in those in whom the teeth become black, or show dark streaks running through them. The drawing, tearing, gnawing pains, however, are not confined to the decayed teeth, but affect the sound ones also. Aggravation at night, in the open air, from cold drinks, and from eating, when he feels a tearing in the gums. The submaxillary glands are painful, and the gums are pale, white, ulcerated, and swollen. Frequently the pains shoot up into the ears.

In aphthæ of the mouth and thrush of infants, we find it beneficial if the complaint has been aggravated by Mercury. There is an offensive odor from the mouth, and the flow of saliva is increased. Thrush changing into canker sores.

Tonsilitis is another affection in which Staph. should be used after the abuse of Mercury. In this affection and aphthæ, however, due to the abuse of this drug, Nitric acid should be employed before resorting to Staph.

Staphysagria proves of service in whooping cough only when the paroxysms are aggravated after fits of vexation or resentment with indignation. Also in all sorts of spasmodic cough with similar aggravation.

In pneumo-thorax, occasioned by an external injury, Staph. is said to have proved curative.

In intestinal catarrh this remedy is useful when drinking cold water aggravates. Stools yellowish, slimy, with

colic. There is cutting pain before and after stool, and itching of the anus when sitting, between the stools. Also in dysentery with like symptoms, and tenesmus of the rectum and bladder during stool; return of the abdominal pain after eating and drinking. Great tenderness and weakness all through the body.

Case 3. A case of hæmorrhoids, with intense pain in the back and through the whole pelvis, and enlargement of the prostate gland, was cured with Staph. 200, the pain ceasing after the first dose. Dr. Preston.

Staphysagria is valuable in epididymitis "when there are violent, drawing, burning stitches from the right abdominal ring, apparently in the spermatic cord as far as the right testicle; or drawing with pressure in the *right* testicle, as if it were violently compressed, and aching pains in the outside of the *left* testicle when walking, increased by touching the part."

In syphilitic otitis or periostitis it may be employed "when the part where the pain is located feels sore, as if ulcerated"; and in syphilitic exostosis, when the "patient is debilitated and suffers from swelling of the bones of the face and feet."

Staphysagria is valuable for condylomata after Thuja has failed, when the excrescences are moist and soft. It has cured also "dry or cockscomb-shaped fig warts and mucous tubercles."

According to Berjeau, this is the most efficacious remedy for masturbation, "particularly in cases of long stand-

ing, and may be employed when there is hypochondria, with great taciturnity, constant uneasiness as to the state of one's health; anxious imagination; imaginary fears; queer notions, that expose the patient to the suspicion of being thought crazy; great deficiency of animal heat, and tendency to take cold; or when the memory is weak and confused, and there is giddiness and sleepiness; the eyes are deep sunken, red and lustreless; the hair falls off; there is gnawing toothache, and caries of the teeth, which are very brittle; a dry cough aggravated frequently after eating, and indigestion attended with great flatulence, the stools being dry and lumpy. The urine is of a deep red or yellow color, with brick-dust sediment; there is continual loss of prostatic fluid, and the sexual desire is impaired; the penis is relaxed with dull and contusive pain in the testicles. Nux, Calcarea carb., Sulphur, or Coccus, are frequently required after this remedy."

Among the remedies recommended for seminal emissions Staph. takes equal rank with Gelsemium, Sulphur, etc., particularly when the patient has imaginary fears; when he is very sensitive to the least impression; discontented, low-spirited; prostration.

Case 4. B., aged twenty-five, single, sanguine temperament, general health good; emissions followed by prostration; three succeeding nights, profuse and sticky; spermatic cord full and knotty before emissions; right testicle lower than left; less fullness and no knots in cord after emission;

shooting pains through the right testicle and up the cord of that side; emissions take place before dawn, seldom awaking him; subject to headache; restless, unrefreshing sleep; dreams are unpleasant, in trouble, sees naked women; scrotal perspiration, with unpleasant, fleshy odor after sleep, not noticed during day; sticky smegma, not acrid; discontented, low-spirited. Staph. controlled emissions. Selen. cured. Dr. W. M. Williamson.

Case 5. Atrophy of the testicle. B., aged fifty, had mumps, left side, twenty-five years ago. On exposure to cold, the left testicle began to swell until it reached the size of a goose egg. As the swelling receded the testicle dwindled down to the size of the little finger, very soft and flabby. Has had aching pain in it ever since, sometimes very sensitive. Head also affected. Is forgetful. Staph. 3x relieved greatly in four weeks. He then took cold and became worse. Staph. 1600, one dose, gave permanent relief. Dr. L. Hubbard.

A French author recommends this drug for ovaritis arising from unfortunate love, or in consequence of thinking all the time on sexual things.

Uterine Diseases—Dr. H. V. Miller suggests Staphysagria in these complaints when there is a feeling of weakness in the abdomen, as if it would drop; much toothache; black streaks run through the teeth.

Dr. Bayes says that in neuralgia of the shoulder-joint and arms, Staph. 6 or 12 has proved of great service.

It has been used successfully in

osteitis, especially of the phalanges of the fingers.

Dr. M. Preston reports the following case of crural neuralgia:

Case 6. Mrs. A., aged thirty, never pregnant; menses irregular, uncertain, always late, sometimes wanting, but profuse, continuing a week or longer, consisting at first of pale blood, which became dark and clotted; occasionally spasmodic uterine contractions. Ten days previous to menses, sharp pains during motion, extending from the point of egress of the crural nerve on the thigh, down over the inner surface of the knee to the great toe; a constant aching of the whole limb, with great heaviness during rest. Right leg affected. After the first sense of pain, paralysis of leg till catamenia fully appeared, when it gradually became normal. This is of six years duration. Dull aching of the nates while sitting, and extending to the sacral and hip-joint regions and small of the back. Dull stitches during movement, and drawing sensation about the knee and patella. Paroxysms of stinging pain along the fibula, near the maleolus; sweat at night; great general prostration; sinking feeling in the stomach and abdomen; complete amelioration of all the pains during rest at night. Staph. cured in three months.

Convulsions and other spasmodic affections, caused by mental emotions, should suggest this drug.

Dr. Cigliano reports the following case:

Case 7. G. M., aged sixty. For

fifteen years has had convulsions with loss of consciousness; retraction of thumbs and foam at the mouth; attacks every one or two months. Under allopathic treatment fifteen years, without benefit. Cause, had been unjustly accused of infidelity. Gave Staph. 30 every morning. Five years have passed without a return.

In scurvy it is useful when the gums are painful to the touch and bleed easily on being touched; scorbutic ulcers on different parts of the body.

Intermittent fever complicated with scurvy, and scorbutic ulcers requires Staph.

In chronic disease of the spine, Dr. Neidhard gives Staph. 200, when there is want of memory and heavy weight between the eyes.

In the treatment of wounds Staph. ranks next to Calendula. Dr. E. C. Franklin applied Staph. lotion after an operation for hypertrophy of the tarso-phalangeal portion of the foot, and the wound healed by first intention.

Dr. M. Macfarlan reports a case of gun-shot wound of the chest, the ball entering between the fifth and sixth ribs and passing out between the eighth and ninth, detaching spiculæ of bone from the borders of the ribs. Persulphate of Iron arrested the hæmorrhage, and Staph. was given in-

ternally. He was able to attend to his business in a fortnight.

Staphysagria may be used in cases of offensive, strong-smelling perspiration in women afflicted with a yellowish, excoriating leucorrhœa, with a predisposition to cellular polypi of the womb.

In eczema when there are yellow, moist, offensive scales, Staph. is beneficial. Considerable itching which disappears when scratching, but soon appears in another place.

It is also useful for suppurating, humid tetter on the thighs, with swelling of the inguinal and axillary glands, and violent itching, especially in bed.

Case 8. Boy, aged three months, was presented, with lichen, or a dry, itchy, pimply eruption on the face and behind the ears, the skin of which was rough, free from natural color and moisture, and due to subcutaneous effusions of plastic lymph. Staph. 200 three times a day, cured in a month. Dr. M. Macfarlan.

Dr. Bojauns recommends it for fistula lachrymalis and dentalis.

In conclusion, remember that Staph. is always indicated for the consequences of chagrin with indignation, and frequently after the abuse of Mercury, especially if Nitric acid has not proved curative.

COMPOUND, COMINUTED FRACTURE OF THE FIBULA, AND
SIMPLE, TRANSVERSE FRACTURE OF THE TIBIA.

BY R. C. SABIN, M.D., MILWAUKEE, WIS.

Read before the Homœopathic Medical Society of the State of Wisconsin.

About a year ago I had occasion to treat a case of fracture, which presented some features that I thought of sufficient interest to be worthy of the attention of the society:

The patient was an active, robust man, about forty-five years of age. He was raising a heavy sliding-door into position, at the front of his barn. The supports giving way, the door came to the ground and fell toward him. He saw his danger but was not quite quick enough, and the top of the door struck on the outside of his left ankle. The result was a *compound, cominuted* fracture of the fibula, at its lower third, and a *simple, transverse* fracture of the lower third of the tibia.

The fibula was fractured at about three inches from its lower extremity, the lower fragment puncturing the skin on the external, posterior, aspect of the limb. The external maleolus was crushed into five or six small, sharp-angled fragments, readily movable under the skin. The whole foot was badly bruised, and nearly black from extravasation of blood. The skin was scraped from the ankle and lower portion of the leg in several places. The tibia was broken squarely across, about two inches from the maleolus.

There was not the *slightest shortening or displacement*.

On being called to treat the case, twenty-four hours after the accident, I first made two openings, one on each side of the tendo-Achilis, and thereby removed over a table-spoonful of black blood. Wax tents were then inserted and the openings kept free for three days, when all discharge ceased. The limb was lightly bandaged and supported by pasteboard splints; the surfaces denuded of epidermis having first been covered with Calendula, cerate. This dressing was continued for twenty-four hours. The swelling being then much abated, the pasteboard was replaced by bags of sand, made large and heavy and loose enough to allow of their being molded to the limb. The fragments of the fibula were replaced in their natural position, as well as possible, and supported by cotton-batting packed around them, held in place by the sand-bags. A foot-piece was attached to the couch, and the foot secured to it by a few turns of the roller. Under this treatment the patient was enabled to sit up and rest the foot on the floor in twenty-three days, and has now a good foot and ankle; no stiffness, but considerable enlargement has resulted.

EXTENSIVE LACERATION OF THE CHEST WALL.—RECOVERY.

BY R. C. SABIN, M.D., MILWAUKEE, WIS.

Read before the Homœopathic Medical Society of the State of Wisconsin.

On the twelfth of October, 1875, I was called in haste to attend Mr. James Hardy, who was said to have been "cut all to pieces" by a reaper.

On arriving at his house, about three miles distant, I found that the messenger had scarcely exaggerated the gravity of the case.

Mr. Hardy, who is an Englishman, aged sixty-four, had been driving a team of young horses, attached to a rear-cut reaper, cutting seed-clover.

The wheels sinking suddenly into a deep depression, he was thrown in front of the cutter-bar, and dragged in that position about two rods, when the "table" of the machine went over him, setting him free. He arose without help, saying to his son, who had hurried to his assistance, "I am a dead man."

He then walked to the house, a quarter of a mile distant, holding both hands over a large wound in his chest.

On my arrival I found him sitting erect in a large rocking-chair, pale and cold, but able to speak distinctly, and in full possession of all his faculties.

Removing a bloody cloth from his chest, a frightful wound was revealed. The skin and superficial tissues were removed from a portion of the left side of the thorax, from the clavicle to the sixth rib, and from the sternum to an inch or more beyond the nipple.

The wound was very irregular in its outlines, but pyramidal on the whole, about ten inches in length, and five inches at its greatest breadth.

The apex was at the lower border of the clavicle, near the sternum, and the base extending over the sixth rib. From the manner in which it was inflicted, the wound exhibited a marked concavity, the flesh and ribs having been excavated by the points of the guards, and cut away by the sickle. A small segment of the costal cartilage of the second rib, about two inches of the third, and nearly four inches of the fourth, were cut smoothly away.

The heart enveloped in the pericardium, was plainly visible, palpitating violently. A small portion of the lung projected over the hideous opening, and the peculiar sound of air escaping from lacerated lung-tissue, was plainly heard. There was a small, dark-colored spot, about twice the size of a pea, looking like a coagulum, adherent to the pericardium. The outer edge of the left side of the sternum was shaved smoothly away at its upper portion, leaving a surface denuded of periosteum nearly two inches in length. There were several small fragments of flesh hanging loosely from the edge of the wound, and one large piece from the lower border. The hæmorrhage had nearly ceased at the time I made

my examination, but had evidently been very severe. The nipple and the glandular tissue beneath it, were pushed downward and backward, nearly on a line with the axilla.

The points of the guards had torn their way under the arm, leaving a jagged, superficial wound, across the entire axillary space.

There was also an irregular superficial scalp-wound, about four inches in length, across the left side of the head. The left foot had suffered the loss of two toes next to the great toe, and the first phalanx of the third, leaving only the great and little toe intact. The incision extended into the phalangeo-metatarsal articulation of the great toe, injuring the joint. The body and limbs were covered with abrasions and contusions, some being of considerable severity.

It may readily be believed that, having rapidly ascertained the main features of the case, I had no hope of being able to render any effective assistance. I was quite certain that death would ensue in a very few hours. This was also the view of the patient himself, who protested vigorously against being "tortured" by any surgical interference. I gently raised the loose fragments of tissue, to see if they could be stitched in such a manner as to form a covering for the exposed vitals, but found that so much was lost as to render this an impossibility.

The patient and his family were satisfied with my judgment in the case, but I preferred to have the assistance of counsel, and sent in haste for the

nearest physicians attainable. They were Dr. H. A. Youmans and Dr. J. A. Cairncross, my allopathic competitors in Mukwonago. Pending their arrival, the patient being in great agony, I administered two large doses of Morphine, which produced some relief. Both the consulting surgeons agreed that the case was a hopeless one, and on our informing the patient of our decision, he, not unnaturally, refused to allow us to do anything toward dressing the wounds; and we were forced to content ourselves with laying a clean linen cloth wet with cold water over the cavity in the chest. I left Morphine, to be given in sufficient quantity to keep him easy, and went away, about 9 P. M., agreeing to see him again in the morning, if my services were required.

Went again the morning of the 13th, found him still breathing, but very low, almost pulseless, skin cold and breathing labored. The cloth covering on the chest was firmly adherent, all hæmorrhage having ceased.

Urgent business called me to Milwaukee. I left the case directing the family to stimulate him cautiously with brandy and water and to send for other counsel if he lived till afternoon.

He revived considerably after my departure, and Dr. E. B. Wolcott was summoned from Milwaukee, in the afternoon of that day. On his arrival he cleansed the large wound, and trimmed off the loose fragments of flesh, but did not dress the wound of the foot or of the head. He directed that the cloths should be frequently

changed and kept wet with cold water. He gave a very unfavorable prognosis. On my return, October 15th, the fourth day from the date of the injury, I received an order to visit my patient, instead of a notice of the date of his funeral, as I had expected.

He was still sitting upright in the chair, fearing to lie down on account of suffocation. Had high fever, skin burning hot, tongue brown, heavily coated; the pericardium bright red and its vessels engorged. The air still escaped from the injured lung, and now I could distinctly hear the peculiar sounds attending pericarditis. The patient seemed patient and hopeful, but complained of great pain and uneasiness from the numerous bruises, particularly those upon the back.

I gave him Aconite, tincture, ten drops in half a glass of water, teaspoonful every hour; though I had but faint hopes of being able to arrest the inflammatory process by *any* means. The cloths over the wound in the thorax were kept wet with an aqueous solution of Carbolic acid, one part to twenty, changing them every half hour; the wound being well washed out each time with a weaker solution. The other wounds were kept wet with the Carbolic acid solution, but not otherwise disturbed.

On the fifth day I found him with less fever. The air did not escape so freely from the lung, being only audible upon an attempt at deep inspiration. Pus was forming freely, and the heat from the wound was intense. He slept fairly through the night without

Morphine, and had eaten a comfortable little breakfast with a good appetite; the bowels had moved the night before.

I removed the hanging fragments of the three toes with the scissors, and cleansed the wound thoroughly. A healthy granulating surface being visible, I made no attempt to form flaps to cover the bones, considering that the foot would have ample time to heal by second intention before it would be needed. Ascertaining that the wound of the scalp was merely superficial, I simply cleansed it and applied the Carbolic dressing.

Throughout the treatment, I considered it a matter of prime importance, that nothing should be done to irritate, excite, or exhaust the patient, whose vital energies were likely to be severely taxed to supply the immense loss of tissue, with the accompanying suppuration, fever, and long confinement in a constrained position.

I will not weary the society with a daily chronicle of the varying conditions and vacillating progress of this tedious case—the time occupied in the recovery being about thirteen months. A brief mention of some of the more important points may, however, prove interesting.

He continued taking the Aconite for ten days, at the end of which time the febrile symptoms were scarcely noticeable. The blood and pus escaping into the pleural cavity must have been small in quantity, and readily absorbed. No septicæmic symptoms were observed, and no effusion

could be detected by auscultation. *Percussion* of the wounded side was too painful to be borne at this stage.

Pleuritic pains were quite marked at this time, lasting several days. No positive evidence of pneumonia were met with, though the lung-tissue must have been inflamed to a greater or less extent. Pericarditis was well marked, and I imagine I detected the murmur of endocarditis, but the fact that the contact of the ear could not be borne rendered the diagnosis uncertain. The brown spot on the pericardium disappeared in about a week, leaving a small white line on its site. This I *think* was a point where the pericardium was punctured.

The closing of the wound was accomplished by the pericardium becoming adherent to the costal pleura. Granulations spread from the borders of the wound, and, the size of the wound being diminished by the gradual approximation of the cut ends of the ribs, the heart was entirely concealed from view in about two months time.

Dr. Wolcott saw the case again about two weeks from the date of the accident. The pleural sac was then closed, no air escaping, and the pus flowing freely externally.

The granulating surfaces were in a very healthy condition, and no fetor from any of the wounds. The Doctor gave a very favorable prognosis at this time, in which I could not join, but which was fully justified by the result.

The patient used a common rocking chair for three weeks, when a large reclining invalids' chair was procured,

in which he passed most of his time for the next eight months. Bed sores threatened from time to time but were prevented by the use of rubber air-cushions. For a long time movement of the chest was excessively painful, and the movable back of the chair afforded almost the only means of varying the posture of the trunk.

About the middle of February, the suppuration being greatly lessened, the water dressing was replaced by Cosmoline, at first medicated with Carbolic acid, afterward with Hydrate of Chloral. The latter seemed to hasten the granulating process and diminish the sensibility of the surface. Exuberant granulations were kept down by the use of crude Carbolic acid and Tannic acid, Sulphate of Zinc and Lunar Caustic, varied from time to time as seemed called for.

About the middle of January, 1876, a small fragment, exfoliated from the fourth rib, made its appearance through the granulations and was removed, causing considerable local disturbance. A section of costal cartilage from the second rib came away in the same manner in July following. Small scales of dead bone, exfoliated from the sternum, could be detected upon the cloths at intervals throughout the winter. The injured foot healed kindly, and forms a serviceable member. The scalp wound, and that in the axilla, gave more trouble, but finally healed in good shape. The patient was tormented by rheumatism—an old complaint with him—at intervals throughout the cure.

He got out of the chair and walked about the room for the first time June 24, 1876. He had been helped to his feet and supported by two men, to have the close-stool pushed under him, all through the winter, but seemed to have a great fear of walking. He walked every day, and slept in a bed at night, for about a month, the dressings being kept in place by strips of adhesive plaster. An attack of inflammatory rheumatism, affecting the knees and shoulders, then compelled him to return to his chair. The disease proved very obstinate, and it was nearly three months before he was able to walk again.

The bowels were occasionally constipated, but were easily regulated by Podophyllin, and—excepting rheumatism—his general health continued wonderfully good all through his long confinement. The wound was completely healed in December last, and in January he drove a team of spirited horses to the village and back. He

can carry a pail of water in his left hand, and can do most light work as well as ever. The cicatrix is considerably depressed in the centre. It is nine inches long. The action of the heart is plainly visible; he complains of twitching and pulling sensations, constantly felt in the region of the heart.

I do not report this case as a “cure” effected by any special means, or by any display of surgical skill on my part. A sound constitution and an iron will, aided by the best possible home-care and nursing, seem to have been the foremost agents in the recovery from a set of injuries that were pronounced *necessarily* fatal by every surgeon who saw the case during the first week.

In addition to the members of the profession already mentioned, my thanks are due to Dr. L. Sherman, of Milwaukee, and Dr. A. M. Warner, of Waukesha, both of whom saw the case, and aided me with valuable counsel.

A MILK DIET THE TRUE PROPHYLACTIC FOR SCARLET FEVER.

BY W. H. BURT, M.D., CHICAGO.

Any substance that will act as a prophylactic in arresting the ravages of this dreadful scourge will, we are persuaded, be hailed with great joy by the medical profession, especially by the physicians of Chicago, when they take into consideration that in the last fourteen months there have

been fourteen thousand cases of scarlatina in this city alone, with a mortality of one death in every five and three-quarter cases attacked with the disease.

Many substances have been recommended as prophylactics in this disease, none of which have stood the

test in actual practice, and we are compelled to look further, and, in doing so, we will have to look a little into its etiology.

What is the cause of this disease that, so far, has eluded, even with the aid of the most powerful microscope, all scientific investigation? The nearest that science has approached to its cause is that it is a zymotic poison, producing a septic disease in the system, with all its disastrous effects, and all observations indicates that this zymotic poison is not a volatile gas, but a solid, organized substance, containing within it a specific poison (spiritual substance,) capable of producing scarlet fever, and nothing but scarlet fever, whenever taken into the system, either by inhalation or absorption. These infusoria that contain the contagion of scarlet fever have an extraordinary tenacity. They have been known to adhere to clothing, furniture, straw, etc., for one and two years, retaining all their deadly poison.

Prof. T. Watson, in his lecture on the Principles and Practice of Medicine, gives an instance where there had been several cases in a house. The house was vacated one year; the family returned, "a drawer in one of the bedrooms resisted for some time the attempts to pull it open. It was found that a piece of flannel had got between the drawer and its frame, and had made the drawer stick. This piece of flannel the housemaid playfully put around her neck. An old nurse, who was present, recognizing it as having been used for an application

to the throat of one of the former subjects of scarlet fever, snatched it from her and burned it. The girl soon sickened with scarlet fever, and the disease ran a second time through the household, affecting those who had not had it on the first occasion."

Ziemssen, in the *Cyclopædia of the Practice of Medicine*, speaking of its etiology, cites a number of cases remarkable as the above; one in which the disease was carried many miles in a letter to friends.

This evidence annihilates the theory that the poison that produces scarlatina is a gaseous substance, for no gas could be confined one and two years in loose clothes, or sent by letter hundreds of miles.

Many physicians have mistaken the effects of this organized zymotic poison in the blood of those suffering from scarlatina for the cause of the disease, because the blood was found loaded with myriads of bacteria (micrococci), micro-bacteria, spiro-bacteria, sproutin conidea, etc., forgetting that zymotic and sceptic poisons act upon the blood-making organs so as to destroy the life of the blood, producing a state of putrefaction with all its attendant bacteria, as noted above. These same rod-like active bodies (schizomycetes) have been found in the blood in many diseases, as described by Ortel in diphtheria, by Lebert in Asiatic cholera, Herley and Salisbury in malarial fever, and Leibmister in typhoid fever. These vegetable organisms (bacteria and bacterida) being found in so many diseases show at once that they are

only an effect of putrefaction in the blood, and not the cause of the disease.

When blood is taken from a patient suffering from scarlatina and inoculated into a healthy person that has not had the disease, scarlet fever will be produced, but if the blood be taken from a patient suffering from typhoid fever or diphtheria, scarlet fever will not be produced, notwithstanding the blood used was loaded with these rod-like active bodies, bacteria and bacteria, but a malignant septic disease will be the result, proving that the contagion that produces scarlatina is a poison peculiar to itself, filling not only the blood, secretions, excretions, and pulmonary exhalations, but so diffusive that it fills all the atmosphere of a house where there is a patient suffering with the disease. Professor Tyndall has found that if the smallest possible quantity of these infusoria are communicated to a perfectly sterilized infusion of any kind, it causes it in twenty hours to swarm with putrefactive organisms. This explains why so few of the scarlet-fever germs produce such destruction in the blood in so short a stage of incubation.

THE TRUE PROPHYLACTIC.

We are now prepared to take up and discuss what I believe will prove to be the true prophylactic for scarlet fever. Statistics show that age has a great deal to do with the predisposition to the disease, its greatest mortality being from the second to the seventh year, and that it rapidly diminishes after the age of ten years,

while nursing-infants under one year of age very seldom have the disease. Why this immunity of infants? There being a cause for everything, there must be a cause for this non-predisposition of infants. Thomas says, in Ziemssen's *Cyclopædia of the Practice of Medicine*, after enumerating an immense amount of statistics on this predisposition to scarlatina among infants, that, "compared with the numerous observations of the disease during the second and following years, the number of cases which have occurred during the first year are so few in number that we may safely assume for the latter period a very limited predisposition." Many good practitioners, with years of experience, have never treated a case of scarlet fever in an infant under one year of age, and those that have seen it in infants have only had one or two cases. Men of such vast experience as Fleischmann, saw no cases under six months. Haller observed one case five months old, Eulenberg none under eight months, Senfft saw only one case under one year, Gaupp only two cases, Bonning none, Volt one at two and one-half months old, and, according to Bokai, infants at the breast are rarely affected with scarlet fever. I have quoted the above able authorities to show how rarely infants have scarlatina, to prove that the grand secret of their immunity is to be found in their diet, their food being milk.

Milk, therefore, seems to be the true prophylactic for scarlet fever. Many will laugh at this proposition at

first sight, but the statistics in its favor are greater than can be produced in favor of vaccination as a prophylactic against small-pox. The scientific world at large accept as a demonstrated fact that vaccination is a true prophylactic for that terrible scourge to humanity, small-pox, but statistics show that about one-third of those vaccinated have varioloid—that is, modified variola, of which very many have died.

Now, statistics show that not one in fifty, and I think I can safely say in a hundred, of nursing infants under one year of age have scarlet fever, and I firmly believe that, if the milk taken by those infants who took the disease had been examined by the microscope and chemically, it would be found very much vitiated, and unfitted for the child's food. Physiology teaches us that milk secreted by the mammæ when over one year old should not be used by the child, it being so imperfect and vicious. Of course there are exceptional cases where the milk may be good for eighteen months, but one year is the general rule. Many children take the breast until two or more years of age; this is all wrong, and often does the child as well as the mother great injury. Of course, when nearly all of its native qualities are lost, its prophylactic virtues are gone also. Milk, to be true milk, should not only be fresh, but taken from the breast not later than one year from the commencement of lactation. It will be readily seen that if the child's body is poorly nourished, the power of resist-

ing disease is so diminished that not only scarlatina, but any other disease is liable to supervene.

Milk is the only secreted food that contains the three classes of organic principles which form the chief food of animals, viz., albuminous, saccharine, and oleaginous, with certain mineral compounds especially required by the animal organism.

Robin has compiled the following table, giving the chemical composition of human milk:

Water.....	9,217.717 to 863.149
Caseine.....	29.000 to 39.000
Lacto-protine.....	1.000 to 2.770
Albumen	traces to .880
Butter (Margarine).....	17.000 to 25.940
Oleine.....	7.500 to 11.400
Butyrine, caproine, cassiline.....	.500 to .700
Sugar of milk, lactine or lactose...	37.000 to 49.000
Laclate of soda.....	.420 to 1.830
Chloride of sodium240 to .340
Chloride of potassium.....	1.440 to 1.830
Carbonate of lime.....	.069 to .070
Carbonate of soda053 to .056
Phosphate of lime	2.310 to 3.440
Phosphate of magnesia420 to .640
Phosphate of soda.....	.225 to .250
Phosphate of iron.....	.032 to .070
Sulphate of soda.....	.074 to .075
Sulphate of potassa.....	traces.
Gases in solution—Oxygen, 1.29; Nitrogen, 12.17:	
Carbonic acid, 16.54, being 30 parts per 1000 in volume.	

From the above tabulation it can be readily seen how easily it would be for one or more of its constituents to be vitiated, making the milk unhealthy.

If milk should prove to be the true antidote for the poison of scarlatina, the knowledge of it would be the greatest blessing ever given to the human race. To have the most perfect food that a child can eat, be at the same time a prophylactic for the most malignant and deadly scourge that the human race has ever been afflicted with, is too good almost to be true. But now that we have a clue

to its wonderful virtues, it is to be hoped that the profession will loose no time in proving its truth or falsity.

Let those who are inclined to laugh at the idea of milk being a prophylactic in scarlatina, go to the various places where the manufacture of lead is carried on, especially those that manufacture white lead, where the workmen are terribly afflicted with lead colic, etc. It is only in the last few years that they have learned that the constant daily use of a milk diet is almost an absolute prophylactic against lead-poisoning. Now, if milk will prevent the action of the poison of lead, where the system is so thoroughly and constantly saturated with it, so as to prevent its toxic action, why may it not prevent the poison that produces scarlatina from acting, when there is not the one-millionth part as much of the contagion absorbed as there is of lead in its manufacture?

Milk, in arresting the deadly poison of lead, teaches us a great lesson, viz., that we are not to look for the antidote of scarlatina among the most deadly poisons, but in some of the more simple and useful agents that God has so bountifully given us; and it is our duty to search until the prophylactic is found.

The last four months I have used nothing else, as a prophylactic, but a milk diet for every member of the family who had not had the disease, and, so far, not one that has used the milk diet has taken scarlatina.

I wish the profession to distinctly

understand that I do not say, as a positive fact, that milk is a

CERTAIN AND SURE PROPHYLACTIC against scarlatina, but I believe the evidence in its favor is so abundant and convincing that I am justified in giving it to the world as a fact. And I call upon all scientists to give it an honest and fair trial before placing it on the shelf with the Sulpho-carbolate of Soda, and the long list of remedies that have proved utter failures in arresting the ravages of this disease.

Statistics have shown that the internal administration of disinfectants and antiseptics is utterly useless in this disease, and the same may be said regarding the best sanitary and hygienic conditions which have been brought to bear on the disease. The sweetest homes, the best-drained cities, the purest country air, all have failed to suppress or mitigate its malignancy. When such facts as the above stare us in the face, ought we to loose any time in testing the merits of a substance which has more evidence in its favor than can be produced in favor of vaccination as a prophylactic against small-pox, especially when this same substance is the best food that children or adults can use?

All substances that have been recommended and used as prophylactics have been poisons that would more or less destroy vitality and break down the tissues of the body, so that, in one sense of the word, they would prepare the system to take the disease instead of preventing it. Especially does this

apply to the Sulpho-carbolate of Soda, the dose being so large it must produce toxicological effects. Not so with milk. It builds the system up and puts it in the best possible shape to resist disease.

The practical question now arises, What kind of milk shall be used, and how shall we use it? Chemically, the various kinds of milk differ so little from that of the human that, in all probability, we can use any kind that is the most convenient to be had, and that will be either from the cow or goat. I am inclined to believe that in large cities, where pure cow's milk

is so hard to procure, condensed milk is the best form to use. Its purity and perfect preservation (especially the goat's milk that comes from Switzerland,) is a great desideratum. It can be prepared just as wanted for use, and thus always be fresh.

I have ordered, according to the age of the child, from one-half pint to one pint at each meal, three times a day, and more if the child would take it. A full milk diet would be better. Where milk disagrees, the addition of a teaspoonful of lime-water to the pint of milk will act salutary in many cases.

SCARLET FEVER AND MILK.

BY E. M. HALE, M.D., CHICAGO.

The recommendation of milk as a prophylaxis in scarlet fever is certainly unique, not to say startling. It is a pity that Dr. Burt's statistics are so meagre. In fact they are not statistics at all. He does not give the number of children who drank milk, nor the conditions under which they lived, or whether they had been exposed to scarlet fever. It is to be regretted that Dr. B. did not call attention to a quality possessed by milk which renders it a most dangerous agent for use in a house where there is any infectious disease.

I allude to the well-known and dreaded power possessed by milk of retaining and conveying the germ of any

contagious disease. Those but slightly conversant with the medical literature of the day are well acquainted with the innumerable instances occurring in all countries where milk has acted as a receiver and conveyor of zymotic poisons. Cases are on record where typhus and typhoid fever has been conveyed to all the families supplied by a certain milkman, and an investigation has proved that the milk was placed for a few hours only in a place exposed to the ingress of sewer or privy gases. Other cases prove that diphtheria, small-pox, measles, and other contagious diseases have been spread in the same manner. Even scarlet fever has been known

to be distributed to many families by means of the milk supplied by a milkman whose family were suffering from that disease. From what we already know of the power of milk as a disease conveyor, I do not hesitate to assert that if a glass of milk be allowed to stand in a room (or one adjoining) of a patient with scarlatina, it will carry the disease to the child who next drinks it, if that child has not had the disease. Milk, then, may be a dangerous medium of conveying the disease instead of a preventive. My colleague advises condensed milk, but I do not believe the condensation of milk deprives it of its disease, germ-attracting power. Certainly a can of milk should not be left open in a house where there is scarlet fever, and only one patient should use from it.

While I, in common with very many physicians, value milk very highly as a diet in low fever and contagious diseases, diphtheria, scarlet fever, etc., it is a very different matter when it comes to its recommendation as a prophylactic. But far better, safer, and more efficient, both as a remedy and a food in such diseases, are the fluids resulting from milk. I refer to whey, curds, and koumiss. Whey can be made from sweet milk by the addition of extract of rennet or pepsin. This fluid is of great value as a restorative in all cases of fever of any type. The curd, obtained after the separation of the whey, is an excellent food during convalescence. But superior to both of these, or any and all foods, both for adults and children ill of fever, or con-

valescing too slowly, is that rare, wonderful preparation called koumiss. This preparation is to milk what champagne is to unfermented grape-juice. It is effervescing, sparkling, and exercises a wonderful restorative and stimulating influence over the system enfeebled by disease. From the experience I have had with it in scarlet fever and diphtheria, I feel qualified to assert that, if it was given in appropriate quantities to every child sick with those two maladies, the rate of mortality, instead of being one in five, would not be one in fifty. It is in vain that we pour down beef tea, wine, broths, tonics, and stimulants; they do not nourish and revivify the blood in zymotic diseases. Those who have not used the koumiss in wasting or prostrating diseases of children would be utterly astonished—as I have often been—could they watch its prompt and energetic action as a restorative. There is no danger of its attracting disease germs, for, if originally present, the fermentive process destroys or eliminates them, and they cannot get into it afterward, for koumiss has to be kept, like champagne, in closed bottles, and only drawn by means of a tap, allowing a spoonful or glassful to escape at will, and air cannot enter the bottle while it escapes.

To be more explicit in relation to its use, let us suppose a patient with scarlet fever, and the second day of the disease. The fever is high (or possibly the temperature may be too low), the skin is dry, tongue, mouth, and throat parched, and difficulty of swal-

lowing. Give such appropriate medicines as you please, but give no other food than freshly prepared koumiss, a table-spoonful or two every fifteen or twenty minutes; or in children of eight or ten years, a wineglassful every half hour or hour. No other food is

needed, neither the so-called tonics or stimulants. Try it in a few cases, my brethren of the profession, and you will have occasion to give thanks to the physician, Dr. Jagielski, who introduced it to the medical world.

ARTIFICIAL FEEDING OF INFANTS.

BY ALBERT G. BEEBE, A.M., M.D.,

[Professor of Principles and Practice of Surgery and Clinical Surgery, Chicago Homœopathic College.]

Undoubtedly one half of the women who are nursing children, at least in towns, are committing a crime, by that very act, against themselves, against their offspring and against society. Against themselves because they are robbing themselves of nutriment and vital force which they cannot afford to lose and are thereby lowering their average of health and usefulness, and in the end, many times, shortening their lives. It is true that, for the most part, they do not know this. This result is not usually so perceptible at the time as it is later on, and usually never is apparent to the eyes of any but the thoughtful and observant physician. He can see how the vitality is being gradually impaired, the nutrition over taxed and the nervous system unstrung by prolonged lactation; and how long the effects "drag their slow length along" after the cause of the mischief has been stopped. Very many do see these effects but because they believe them

to be inevitable remain silent. They also commit a crime against their children, since they are daily starving them, though they are feeding them upon their own life's blood. I do not believe that one half of the children who are to-day receiving their nourishment from the breast, in this city, are being properly or sufficiently nourished. This period of infancy when development and growth are so remarkably active and make such loud demands for rich and abundant food, is being dwarfed and withered by a deficiency in the quantity or quality of the requisite nutritive material. It is doubtful if such a deficiency, at this period, can ever be made up by any possible abundance in later life. Multitudes of infants may be seen, among the wealthy as well as among the poor, with pale, waxy faces, flabby skins, pulpy muscles, distorted bones and swollen glands, which tell their own story to all who have eyes to see. But it is not alone a process of starva-

tion; it is often one of positive poisoning, with specific diseases, with hereditary or constitutional tendencies or cachexiæ which are being implanted deeper and deeper day by day. This is not unfrequently true even when the mother may be apparently a model of health and vigor. That any process which so directly strikes at the health and even the lives of mothers and children is a crime against society is too evident to require discussion. Our mortuary reports are swelled by thousands of those who have thus been made ripe for disease and death.

The reason why so large a proportion of the mothers so far fall short of performing this function, as it intended by nature that they should do, (viz: to the perfect nutrition of the child and without injury to the themselves,) are not difficult to find, and consist, in brief, in artificial habits of living, eating and dressing, which have resulted in very great impairment of the vegetative system, especially in the female sex, overruled by an excitable and irritable brain and nervous system. The organs of reproduction have been among the worst sufferers from this state of affairs, and the mammary glands have suffered additional outrages at the hands of the corsetmaker, the dressmaker and the manufacturer of "bosom pads," so that what is left of our mothers is in a majority of cases only an apology for the ideal which nature designed.

What then is the remedy for this state of affairs? Obviously to reconstruct the mothers, if possible, so as to

enable them to perform their duties; but failing in this, either for want of ability or opportunity, we must make good this deficiency in the child's diet either by supplementing it by, or entirely substituting for it, some kind of artificial food. The principal reason why this is not more frequently done, is the almost universal opinion among the profession, as well as among their patronage, that artificial feeding cannot be successfully accomplished, i. e. that it is even more disastrous to the child than almost any kind of nursing, even by the most unhealthy and debilitated mother or nurse. This has given rise to the practice, by a large number of physicians and nearly all the old women, of insisting that a child *must be nursed by all means*, if it is possible, and as long as it is possible; and has resulted in populating our grave-yards with thousands of mothers, and tens of thousands of children, and in turning out upon society millions of weaklings and life-long invalids, all the victims of superstitious ignorance and neglect of the most vital problems presented for the consideration of the medical profession or sanitary of scientists. If circumstances entirely preclude the mother's nursing her child, it has been customary to insist that a wet-nurse is indispensably necessary. This has resulted in turning over the child to the mercy of the lowest class of hirelings, very frequently diseased, depraved and destitute of all principles, except that of ruling the family for their own advantage, as they so well know how to do, under these cir-

cumstances. No one else knows the degradation and abuse to be suffered at the hands of the wet-nurse so well as those who have tried it.

As for myself, I would never commit a child of my own or of others to a wet-nurse unless under very exceptional circumstances, first, because of the great annoyance and expense; second, because of the great risk to the child of imbibing disease or disease tendencies, and third, because it is entirely unnecessary, for I believe most emphatically that *infants can be fed by artificial means better than the average of women can nurse them*. This doubtless seems an extravagant statement to most of those who read this article, but it is made deliberately and with full conviction of its truth, based upon experience. For this reason it is my practice to recommend artificial feeding in part or exclusively, as circumstances seem to demand, in *all cases* where I discover evidences of inability on the part of the mother to properly nourish her child without injury to herself.

These evidences may present themselves at birth or at any time subsequently and at any season of the year. If in the heat of summer, it does not matter, as there is evidently less risk in changing the diet for the better, than in still farther continuing a process of starvation, at any time. If my recommendations are not always followed it is mainly due to the general prejudice against artificial feeding or to a prevalent impression that during lactation a woman is ex-

empt from the liability to conception.

How often this latter obstacle exists it would be difficult to say, as it is generally kept carefully out of sight.

According to my observation the average age at which weaning should be advised would be somewhere from six to eight months. Some may be advantageously nursed for a year, (very seldom longer,) while many should be weaned much earlier or never nursed at all.

It being conceded then that an infant is to be fed, the questions, *What?* and *How?* are of the most vital importance, and upon the correct answering of which more lives depend than upon any other issue which could readily be raised.

In determining the kind of food best adapted to this purpose, healthy breast milk may be assumed as the standard; and the more accurately we immitate this, the more satisfactory will be the results. Breast milk contains all the elements necessary for the nutrition of the child, in the proper proportions and probably in the most easily digestible and assimilable form possible. The only other article generally available for food at all approaching it in these respects is cow's milk and this therefore should be taken as the *basis* of our artificial diet. Cow's milk differs from breast milk so much as to make it entirely unfit for the infant's diet until especially prepared for the purpose. A comparison of the various analyses gives us, approximately, the following result (in even figures) as the

composition of the two kinds of milk:

	<i>Cow's Milk.</i>	<i>Human Milk.</i>	<i>Prepared Cow's Milk.</i>
Caseine.....	40.....	31.....	30.....
Sugar of milk	35.....	37.....	36.....
Butter.....	30.....	25.....	25.....
Salts.....	4.....	2.....	3.....
Water.....	891.....	905.....	906.....
	1000	1000	1000

From this comparison it is seen that cow's milk is richer in everything but sugar. If, now, we allow fresh cow's milk to stand a short time so that the upper stratum becomes a little richer in butter and use the top or upper half of the milk, or, what is still better, use the half last drawn from the cow and add to this one-third of its volume of water and one per cent of sugar we shall have, approximately, the result shown in the third column in the above table.

From this it will be seen that, chemically, the milk thus prepared is almost identical with breast milk. At first sight it would seem that nothing more were needed; but if we were to use the milk thus prepared we should soon find there was still a serious difference; and just here is the point where nearly all efforts in this direction have gone astray and proved unsuccessful. The fact has been overlooked, that there is a very marked difference between the quality of the caseine of human milk and that of cow's milk; as stated by Lehmann, "The caseine in women's milk is less readily and completely precipitated by acids and by rennet, according to the concurrent testimony of Simon and Clemm; the coagulum is also in general somewhat gelatinous and not so dense and solid as that of cow's

milk, and therefore more easily digested by the child's stomach."

This firm coagulation is, of course, not prevented by the addition of water, and it is this very property which usually produces trouble when children are fed on cow's milk alone, or that simply diluted with water. It is absolutely necessary that some substance should be added to the milk, which, by mingling with it, shall prevent this firm coagulation, or render it more permeable or friable under the action of the gastric juice. It should also be borne in mind that carbonate of soda is the natural solvent of caseine and that when the milk is rendered alkaline the curd is much softer and looser than when it is acid. In seeking some substance to be added to the milk it is, of course, desirable to find something as nutritious as possible, and containing as great a number of the nutritive elements of the body as possible and which at the same time will be as readily digested as may be. Probably no article of our ordinary food fulfills all these conditions so well as wheat, if the whole of the grain can be made available and thoroughly prepared for digestion. Fortunately such a preparation is manufactured and sold everywhere now, and at quite reasonable prices.

It consists of wheat most thoroughly ground and unbolted, which is mixed with water and cooked by steam for several hours. It is a second time thoroughly ground with a little sugar and carbonate of soda added. It is sold under the name of Ridge's Food.

If, now, we use a moderately thick gruel made of this food *with water*, instead of simple water, with which to dilute the cow's milk before using, we have come as near artificial mother's milk as we know how to, and the best of it is that it proves in practice all it promises in theory.

I have now been using this preparation *exclusively* for five years or more and have the most *unbounded faith* in it as a diet for infants up to the time when they will take solid food enough so as to make this addition to the milk unnecessary, or say, eighteen months of age. It will be observed that I do not follow the directions printed on the labels of the Ridge's Food cans. I always give explicit instructions *never to use the food as the label directs, and have never known any one to succeed with Ridge's Food when they did follow those directions*. They are altogether wrong and have prevented this food from achieving the success which its composition deserves.

In the first place milk should *never be cooked or boiled for an infant*, as it tends to produce constipation, which is a positive proof that it is not digested properly, and therefore the directions for cooking the food in milk are radically wrong. In the second place, the food should not be given *alone* as it is unfit for an exclusive article of food for a young child. It is upon the *milk* we should rely mainly for the child's nutrition; the *principal* function of the Ridge's Food is to *render the milk digestible*.

In case a very young child is to be

fed, for instance under three months of age, the gruel should be made rather thinner and a little larger proportion used, that is one part of gruel to *two* of milk, instead of one part to three of milk, as before directed. The bowels can usually be regulated by regulating the proportions of the food; if constipated, adding a little more, or *vice versa*. If acidity should occur in consequence of deranged digestion, a little pure carbonate of soda should be added.

As to the milk to be used, much stress has been laid upon *one cow's milk*. The only point to this is the importance of having a *uniform* quality instead of using the milk of one cow one day, of another the next and so on. If a specially good cow could be selected and especially fed and cared for, that plan would doubtless be the best; but, in practice, that is seldom possible. In nine cases in ten, people must be content to get milk, in the city, where they can. Undoubtedly the best milk we can get here, is that which comes from the country dairies, and is generally to be preferred to that from city-fed cows, except that it is not quite so fresh. It is more uniform in quality than the milk of one cow even, as, being the average from a large number, it is not liable to fluctuations from accidental causes.

As to condensed milk, which is so generally recommended, it is, in my judgment, unfit for feeding infants and should never be employed, when good fresh milk can be obtained. Its com-

position is seriously changed in the process of condensation and an enormous quantity of sugar added, so that when diluted to the extent required for use, the nitrogenized and fatty elements are insufficient, while the sugar is in excess; and being cane sugar, instead of milk sugar, is much more liable to fermentation.

It may for a time seem to do well, at least better than clear cow's milk, but produces a flabby kind of fat instead of vigorous muscle and generally results in deranging the digestive organs. From the excess of sugar it predisposes to eruptive diseases, such as eczema, etc.

Time and space would not allow us to discuss all the various kinds of "slops" by means of which children are so often starved to death. I have known a physician to feed (?) a child upon a table-spoonful of *rice water* once in four hours, and yet the child died. The prevailing method of feeding infants seems to consist in finding out every kind of "slops" imaginable and giving each in succession to the little victim with the motto "if one kind of food does not agree try another." The only merit any one of them possesses is that it is more abominable and worthless than all the rest. There is no better evidence that no kind is of any value than that so many are given indiscriminately and with no particular preference. If a man has a medicine, an instrument or a food which is perfectly satisfactory and reliable for a particular purpose he will never abandon it for any

thing else, and I can say this for the preparation of food before mentioned, that it has never failed me or failed to "agree" when given strictly according to directions, nor have I any desire to experiment with other preparations. With scrupulous care in the feeding of children, there need be very little trouble from "bowel complaints," and it is to this that I ascribe the fact that I have never yet lost a child with any form of diarrhœa, or cholera infantum, although I believe I have enjoyed a pretty fair practice for eight years past.

There are, of course, certain details in feeding which must be strictly observed :

1. The gruel should be freshly cooked as often as once in twelve hours, and only mixed with the milk as given, and the mixture then made blood warm.

2. The milk must be perfectly sweet.

3. The child should be fed regularly and not too often, and made to take what it needs at once; then the bottle should be cleaned and kept soaking in a solution of soda to secure perfect cleanliness and sweetness.

4. The child should be fed through a nipple as nearly imitating natural nursing as possible.

5. Nothing whatever of an acid nature should be given to a child while subsisting on a milk diet.

It may sometimes occur in disease, that the stomach and bowels become unable to digest milk in any form, or special modifications may be required, but this paper is already too long to

admit of discussing the subject of feeding in sickness. It has been my hope that in thus giving my own experience and conclusions I may be able to assist some, at least of the younger

members of the profession, who, like myself, it may be, started in practice with not one iota of instruction upon this most important of all hygienic subjects.

A CASE OF ALBUMINURIA.

The patient, a male, aged thirty-eight or forty, gives this history:

Was in the army, had measles and camp diarrhoea; has had a weak back ever since; also has had occasional attacks of dysuria, with partial suppression. For the past five or six years, he has been bloated, and has gradually lost strength. For the past year has not been able to work, and for the six months previous to my being called, had been losing his sight.

I was called first to see him in the latter part of last March. Found him unconscious, with somewhat stertorous breathing, pinched features, and was apparently in a dying condition. The pupils were dilated unequally, and wholly insensible. Volition remained, however, sufficient to swallow. The œdema was general and considerable, urine almost wholly suppressed. Slight convulsive action. Gave Belladonna. This was Saturday. The next day, Sunday, he was still unconscious, but with less stertor, and less cadaverous in appearance. Continued Belladonna.

Monday, he was conscious, but somewhat delirious. Had begun to

pass large quantities of urine. Was totally blind and complained of pain and drawing in the occiput. Gave Gelsemium with the Belladonna, in alternation.

In two or three days his sight returned as it had been before the uræmia, but that was little more than sufficient to distinguish light from darkness. His urine proved on testing to be remarkably albuminous. He complained of pain and weakness in the back and hips. There was quite decided soreness on deep pressure in the lumbar region. Liver enlarged. There was, throughout, a very peculiar and marked pallor of the face. My diagnosis was, amyloid degeneration of the kidneys, liver, and probably of the spleen; complicated, or rather accompanied, by retinitis albumenurica.

The Belladonna was continued, as it seemed the leading remedy, for two or three weeks, till all traces of the uræmia had passed off, and the flow of urine was free and abundant.

Arsenicum was now given and, with the exception of a week, has been kept up ever since. During that week

Apocynum can. was used and proved a failure. I chose Arsenicum on account of the great weakness, (he being unable to turn in bed alone,) the albuminous condition of the urine, and the pallor before spoken of. There has been frequently as much as three or four gallons of urine passed in the twenty-four hours. The œdema rapidly decreased, the appetite was good, and the general health improved steadily, though the urine was still albuminous. There has been constipation throughout, which it has been difficult to overcome. At times there has been a good deal of pain in the head, but it has yielded to the indicated remedies. There has been steady improvement from the first except while on the Apocynum. At present his back and hips seem strong but his knees are weak, so he has a pair of crutches, and with their aid goes about the house and yard. The œdema is entirely gone and does not return, though but a normal quantity of urine is passed.

The retinitis still exists and one eye is almost entirely blind, but the other has gained very much in power, so

that now he sees to get about and distinguishes faces, and sees objects at a distance very well for the most part, though there is so much photophobia that it troubles him to look out into the light on bright days.

The albumen still shows in the urine considerably but the pallor is gone and the skin looks healthy. Perspiration, which as been wanting heretofore, is quite free.

His present prescription is Arsenicum, alternated with the Oxy-Sulphate of Iron. He has been using the Iron for about two weeks.

This case has been a very instructive one to me in many respects, and if my poor report aids or instructs any of my collaborators, I shall feel that my time has been well spent. In my choice of remedies I have perhaps been very imperfect, but I did as well as I knew, and should be glad if some of those who have had more experience would give some hints and advice in regard to the case, especially as to the best remedies for the retinitis, and also the probabilities of a final cure and the best remedies to aid in bringing it about. *H. L. G.*

AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.

Within the past few years the number of physicians who devote exclusive or especial attention to diseases of the eye and ear, in the homœopathic school, has increased so rap-

idly that, at the last meeting of the American Institute of Homœopathy, a sufficiently large number of those interested met and organized themselves in the above named society.

The object of the society is to advance the interests of ophthalmology and otology by annual meetings, at which papers will be presented on subjects of peculiar interest to those who are familiar with the great mass of interesting details belonging to these specialties, but which of necessity are ignored in general practice.

One part of the immediate work of the society will be to illustrate the value of remedies applied homœopathically in clinical cases, where the power and scope of these remedies have been displayed by the physiological experiments of allopathic workers.

The experiments will teach the homœopath a different lesson from that appropriated by the experimenters, and with the assistance of a symptomatology which only requires the pathology to make the indications

clear, we are warranted in expecting large developments of a new and valuable nature.

The importance of such work cannot be overestimated, and as one feature of the society's work, will be very attractive.

The bureau of ophthalmology and otology of the American Institute remains as it has been. Papers on topics of general interest will be presented as heretofore, and be rendered the more entertaining in their place, because purposely freed from technicalities.

The society meetings are to be held at the same time and place as the Institute.

The officers for the ensuing year are, T. P. Wilson, M.D., Cincinnati, president; W. H. Woodyatt, M.D., Chicago, vice-president; A. K. Hills, M.D., New York, secretary.

"DENTAL" AS RELATED TO "GENERAL" PRACTICE.

BY GORTON NICHOLS, CHICAGO.

I.

I do not expect the following to be in any sense exhaustive (except in the perusal), but write in the hope that the suggestions and citations may at least *promote* a clearer understanding of the relative duties devolving upon the general practitioner (of whatever "school") and the dental specialist.

Lesions of the oral cavity are essentially peculiar in their character-

istics and, many of them, entirely beyond mere therapeutic influence, at the same time they are seldom so obscure as to baffle an earnest and intelligent examination, nor, save in exceptional cases, so formidable as to forbid a favorable prognosis. Their systemic complications occasionally, indeed, are of the gravest order, and the method of treatment pursued often render them still more grave, but in

the large majority of cases, according to my own observation, it is the non-observance or the mal-treatment of the *simpler order* of these affections which fathers the graver sort, and so frequently entails such needless suffering.

I happen now to have a mild case illustrative of this, under treatment, viz: A simple pulp exposure through the distal surface of an inferior dentis sapientia, the carious cavity occluded by a "fungoid" growth of the adjacent soft tissue.

A neighboring physician diagnosticated, and has been "dosing," this as a case of "neuralgia" these past eight months, but finally, as the patient had "spent all she had, and was nothing bettered, but rather grown worse," he referred the patient to me for examination and advice. With the assistance of a glass and probe I passed at once to the "seat of war," and in twenty minutes' time had the "neuralgia" by the horns, and the writhing one "quiet as a kitten," since then a few

dressings and a little treatment has resulted in the happiest effects, totally breaking up the hitherto severe and continuous pain in the head, neck, and breast, and, considering the shortness of the time, effecting a truly wonderful change in the entire aspect of the individual, whose general health had become much depressed through long-continued nervous irritation.

So much for a physician at fault. On the other hand, a dentist "were-about" extracted a fine set of teeth to relieve "neuralgia"! The pain in this instance arising from intra-uterine congestion, which a little Hyoscyamus and a hot compress relieved directly.

These "Doctors" were equally to blame, each being criminally derelict in the performance of duty, or culpably ignorant of "collateral science"; certainly neither had "considered *well*" everything abnormal in the functions of the organs," and succeeded only, as do all such, in injuring the patient, themselves, and their profession.

MEDICAL GLENINGS.

NEURALGIA OF THE SUPRA ORBITAL NERVE.

Hahnemannian Monthly.

In the last issue of this journal is a case of neuralgia of the supra orbital nerve, reported by L. H. Willard, of Alleghany, Pa. It seems that the patient had been afflicted for about fifteen years with a gradually increas-

ing pain in this nerve; the pain at first was only in the winter season, for a day or so at a time, until within the last five years; it would last at times for weeks; would be very violent, cutting pains; would come also in summer time. Homœopathic remedies would do more for his relief than those

of other schools, but nothing would cure. The patient, worn out and discouraged by the pain, prevailed upon the Doctor to practice neurotomy. Accordingly a section of the nerve was made, an inch and a quarter in length, the central end a quarter of an inch from the supra orbital foramen, the wound closed, and Arnica 6th administered. Patient made a good recovery, and for two months there has been no return of the neuralgia.

[This case seems something like the old "brown ague" of Michigan, often, if not always, in my judgment, the result of *Quinine poisoning*. The few cases coming under my observation were traceable to that cause, and the homœopathic antidotes to Mercury cured.—*Ed.*]

SUPPRESSED NEURALGIA.

Homœopathic Times.

R. R. Gregg, M.D., in speaking of suppressed neuralgia, relates the following:

A little girl aged only three years, was taken with toothache, which was borne a day or two; the mother trying, in vain, several remedies, when she took the child to a dentist, and had the tooth extracted. That night or the next day, the little patient was attacked with a severe neuralgic pain in the heart. I was then called to her, and although the acute pain was relieved in a reasonable time, a dull pain and serious disturbance of the action of the heart followed, until, in a short time, the aortic valves became thickened, so that the bellows murmur was very marked, the heart's action

violent, and ended in a most serious enlargement of that organ, which has not been fully relieved to this day, now some ten or eleven years, though she has been under treatment for it most of that time. And to show the full bearing of the case and its lesson, it should be stated, that this child had never previously had the slightest pain or disturbance in the heart, never had the least semblance of rheumatism, and there was no possible inheritance of either heart disease or rheumatism to account for such a result, for nothing of the kind existed in either branch of the family, back to and including all four of the grand-parents. The pain, or disease of the nerve of the tooth, was simply driven to the nerves of the heart, and resulted in its enlargement, on the well-known principle that any serious disturbance causes thickness of the aortic valves, and continued violent action of the heart, must inevitably enlarge it.

A man also, of thirty-eight, consulted me with reference to palpitation of the heart, from which he was suffering. Auscultation revealed no organic disease of the heart; in fact, the palpitation had been of only two or three days' duration, and he had never had it before, or a symptom of it, in his life. I asked him if he had been troubled with his stomach recently, which he answered in the negative; and not only that, but that he had never been in the least disturbed in his digestion that he was aware of. Still not satisfied, and pressing on for the cause, I asked if

he had been suffering from any other disease, or from a disturbance of his system by cold or other causes, to all of which he gave the most emphatic No. Then I said to him, it did not seem to me possible that palpitation of the heart could arise in so healthy a man as he was, without it having been preceded by some other diseased action, or arose from disturbance of the brain or nervous system, or in sympathy with the stomach. But I obtained a most positive denial of the previous existence of every thing of the nature of disease until the palpitation appeared. The whole case seemed so unnatural and strange to me in that respect, that I recurred to it several times, until chagrined at what must have appeared like impertinence on my part, I said no more, and went to putting up a prescription. Having completed that, he broke out with: "Why, doctor, I had a tooth extracted two or three days ago, if that could have anything to do with it." I assured him it could. Then learned that three days before he was seized with a severe toothache at two or three o'clock in the afternoon; at about five o'clock had the tooth extracted, had his tea at six, and immediately after that was attacked with such violent palpitation that it was with great difficulty he could get his breath, and he thought for a short time he was going to die. The extreme severity of the paroxysm, however, soon subsided, but the palpitation continued moderately most of the time for some days, with regular periods of exacerbation

every evening after tea. After a few days' treatment the symptoms mostly subsided.

[The dental profession needs a state "Board of Health" to weed out the mal-practitioners. The dentist who will extract a tooth simply because the patient wants it out, regardless of his own judgment, is either a coward or a quack, unfitted in either event to practice. Without doubt permanent injury to the health is often the result of such practice.—*Ed.*]

ACETIC ACID IN SCARLET FEVER. *Homœopathic World.*

D. G. Oliphant, M.D., of Toronto, Canada, having read the article on the use of Acetic acid in scarlet fever, writes of a "vinegar cure" as applied to small pox.

Dr. Roth first claimed wonderful success in treatment regarding vinegar more reliable as a prophylactic in small-pox than Belladonna in scarlet fever. Dr. Roth gave both to the sick and to the exposed two table-spoonfuls of vinegar, after breakfast and at evening, for fourteen days. Few persons thus treated took the disease at all. None who adopted the prophylactic treatment died, while among those under ordinary treatment the mortality was as usual.

Dr. O. mentioned his own experience as follows:

I was called to visit a family in the heart of the city, consisting of the parents, well advanced in years, and four adult children—two sons and two daughters. The children were all vaccinated in early life, robust, active,

and fair subjects for contagion of small-pox if exposed. The eldest daughter was exposed to contagion from a pupil in the Sunday school, and in about eight days sickened with confluent small-pox in a severe form. The sister, who slept with her, had premonitory symptoms, lassitude, headache, backache, etc. Using also appropriate homœopathic medicine, I ordered raspberry vinegar to be used by all the family after Dr. Roth's method, and fumigation twice daily. The patient made a good recovery in twenty-one days. I protected the face with a linen mask, saturated it constantly with almond oil, and covered with a mask of black silk to exclude light; thus protected, no marks of a permanent character were left. All the rest of the family escaped the disease, though necessarily constantly exposed from waiting on the sick in turn. The raspberry vine-

gar was preferred to common vinegar simply because more palatable.

About a month afterward a patient of mine reported her brother sick of small-pox, under care of another physician, and asked my advice about removing with her husband, lately married, to another house. As all in the house had been exposed, I advised her to remain, prescribing the raspberry vinegar as a prophylactic. She followed my advice—put the whole family, six in number, on the "vinegar cure." The patient made a good recovery, and none of those exposed contracted the disease.

Dr. Roth's theory is that the contagion consists in absorption of a yeast ferment whose active poison is destroyed by contact with an acetified blood plasma.

[Variolin or Vaccinin, according to reports, not only shortens the above disease, but prevents "pitting."—*Ed.*]

MEDICAL MEMORANDA.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF WISCONSIN.

FIRST DAY.—MORNING SESSION.

The Thirteenth annual meeting of the Homœopathic Medical Society of the State of Wisconsin, convened in the parlors of the Patty house at Fond du Lac, June 13, 1877, at 10 A. M., President S. J. Martin, of Racine, in the chair.

The printed programme, as issued by the secretary, was adopted by the society:

The following members were present:

Drs. T. J. Patchen, L. A. Bishop, A. H. Dorris, J. B. Whittier, and E. B. Beeson, of

Fond du Lac; H. B. Dale and W. H. Sanders, of Oshkosh; S. J. Martin, Racine; M. F. Page and R. Winslow, Appleton; H. L. Bradley, Horicon; E. W. Clark, Neenah; Lewis Sherman, O. W. Carlson, E. F. Storke and Electa R. Smith, Milwaukee; E. M. Hale, W. Danforth, T. S. Hoyne, G. A. Hall, C. B. Pillsbury, D. S. Smith and Tappan Halsey, Chicago; A. F. Olmsted, Green Bay; E. S. Donaldson, Waupaca; E. W. Beebe, Evansville; M. Vandervoort, Eden; W. W. Goff, Stevens Point; D. R. Williams, Woodhull; G. B. Durand, Waupun; Wm. von der Horst, Calumet.

There were also in attendance a large number of visitors.

The secretary, Dr. O. W. Carlson, then read his report and minutes of the previous meeting, which were approved and accepted by the convention.

Report of the treasurer, Dr. L. Sherman, was next read, showing the receipts from all sources during the year to have been \$84 16; total expenses, \$63 76; leaving a balance in treasury of \$20 40.

An auditing committee, composed of Drs. H. L. Bradley, H. B. Dale and E. W. Beebe, was appointed, and the report was referred to them for examination.

Drs. A. H. Dorris and H. B. Dale were appointed as censors, to fill vacancies occasioned by the absence of Drs. Gatchell and Dixon.

The auditing committee made a report approving the financial exhibit of the treasurer, which was accepted; after which the treasurer's report was adopted and placed on file.

The next in order of regular business would have been the president's address, but Dr. Carlson moved to defer it till the morning session, to await the coming of a large number of members and visitors. Motion, however, was made and carried to hold a session in the evening for its reading.

SURGERY.

Two very interesting reports from Dr. R. C. Sabin, of Milwaukee, were then read by the secretary, entitled, Compound, Cominuted Fracture of the Fibula, and Simple, Transverse Fracture of the Tibia, (page 49); and Extensive Laceration of the Chest Wall—Recovery, (page 50).

Professor Danforth remarked that he thought the case a remarkable one, and considered that it had been ably treated, and said that the only suggestion he had to offer was that the cure might have been hastened by the use of Fuller's earth dressing from the beginning.

Dr. Sherman thought that it would not have been safe to use dry earth in this case, on account of the open wound in the pleura.

Professor Danforth responded that the dry

earth might have been enclosed in a bag and so applied.

Professor Hoyne remarked that he had used dry earth successfully in the treatment of buboes.

Professor Hale related a case of dislocation of the heart which came under his observation, the particulars of which had been published in the *Inter Ocean*.

Professor Danforth doubted the correctness of the diagnosis. He thought the case might have been congenital, or that a hardened condition of the lung-tissue may have allowed transmission of the heart-sounds to the right side.

Dr. Sherman related two cases of dislocation of the heart to the right side. One in a patient in whom an extensive vomica had formed in the right lung; the other in a patient who was suffering from chronic pleurisy with effusion; and stated that in both these cases the diagnoses was confirmed by the absence of the heart-sounds on the left side of the chest; and that in both cases the heart afterward returned to its normal position.

The board of censors being called, reported favorably on the following names for membership:

Mrs. E. R. Smith, M.D., Milwaukee, graduate of Hahnemann Medical College, Chicago, 1877. J. B. Whittier, M.D., Fond du Lac, Hahnemann, Chicago, 1877. A. F. Olmsted, M.D., Green Bay, graduate of Cleveland Hospital College, 1874. They were elected to membership.

Drs. O. W. Carlson, Lewis Sherman and Joseph Lewis, Jr., were appointed publishing committee, by the president.

Motion made and carried that all physicians attending the meeting be admitted to the discussions.

On motion, Dr. E. F. Storke was appointed, by the president, to assist the secretary in preparing the minutes for the press.

AFTERNOON SESSION.

GYNÆCOLOGY.

Bureau of gynecology was called. Dr. H.

L. Bradley, chairman, reported a case in which rupture of the membranes occurred during the sixth month of pregnancy, but in which the period of gestation was not shortened. No waters were discharged during the process of labor.

Several other physicians present had had similar cases.

Dr. Patchen was of opinion that it was a case of unusual lack of excitability of the uterus.

Professor Danforth here exhibited some tumors, and entertained the society with an interesting account of the diagnosis and treatment of the tumors which feminine flesh is heir to. He showed a specimen of dermoid cyst, containing bone, teeth and hair. He gave statements of the percentage of the different kinds of ovarian tumors, viz:

Polycysts, 57 per cent; oligocysts, 38 per cent; monocysts, 3 per cent; dermoid, 1 per cent; fibroid and cancerous, $\frac{1}{2}$ per cent each. He also stated the means of determining whether an ovarian be amenable to operation, and recommended the use of the hypodermic needle as a safe means of diagnosis and of ascertaining the character of the contents.

Drs. Patchen and Sanders congratulated the convention upon the opportunity of listening to such interesting and valuable remarks upon this subject, and seeing such remarkable specimens, and moved that a vote of thanks be tendered to Dr. Danforth, which was carried.

Professor Hale made some interesting remarks upon the history of dermoid tumors, alluding to the fact that they were supposed at one time to have been conceived of the devil, but subsequently having been found in nuns, in infants, and even in the uterus of the fœtus, in utero, the devil has been relieved of the charge.

Professor Hale related a case of mucous polypi of the uterus which was cured by scraping out the uterus with a curette, which was discussed at some length.

Dr. Beebe related a similar case which he had cured by swabbing out the uterus with Chromic acid.

Dr. Dorris related a case of abdominal enlargement, in which he tapped the tumor and drew out twelve quarts of pus. The abdomen filled again and bursted, discharging large quantities of fluid which emitted an aroma which Dr. Dorris termed the "boss stink."

MATERIA MEDICA.

A paper was then read by Dr. E. M. Hale, of Chicago, on Notes on Some of the Newest Remedies.

The paper was discussed at some length by Drs. Danforth, Bishop, and others, after which it was accepted and referred to the publishing committee, and a vote of thanks extended to Professor Hale for his valuable labors in behalf of the convention.

In reply to a question asked by Dr. Patchen, whether organic disease of the heart could be cured by remedies. Professor Hale thought they could not.

Professor Hoyne stated that many such cases had been cured by properly selected Homœopathic remedies, and were recorded. He referred to Drs. Hughes, Bayes and others as authority.

Professor Hale replied that a distinction should be made between organic and structural diseases of the heart; structural diseases, such as hypertrophy, exudation on the valves, etc., are curable, but that true organic diseases are incurable.

Dr. Patchen requested Dr. Bishop to give his experience with Gelsemium. He recommended its use in difficult and protracted labors, in 15-drop doses of the tincture given in *hot* water. He also recommended the use of Morphine and Caulophyllin IX, in similar cases.

Dr. Page remarked that he called the attention of the profession to this mode of using Gelsemium several years ago.

Through Dr. Dorris, an invitation was extended to those present at the convention to participate in an excursion to Green Lake over the Sheboygan and Fond du Lac Railroad. The invitation was laid over till the evening session for discussion.

EVENING SESSION.

MATERIA MEDICA AND THERAPEUTICS.

Professor Hoyne presented a paper on Staphysagria, remarking that though an old remedy it is still a very useful one, and gave some indications for its use in diseases of the scalp. He thinks it very good in nervous troubles caused by defective teeth. Also for brain-fag of politicians, whereupon Professor Danforth suggested that a bottle of it be sent to Washington, post-haste. (See page 44).

Professor Hale thought the remedy had been under-estimated, and should be carefully studied. Thought its pathogenesis similar to that of Pulsatilla.

Drs. Patchen and Martin spoke in favor of it in gonorrhœa.

Professor Hale stated that it was his sheet-anchor in pains in the back, catching and stitching pains in the lumbar region. Always prescribed it in the 200x.

CLINICAL MEDICINE.

Dr. S. J. Martin presented a paper of peculiar interest.

Professor Hale wished to know if those physicians were still at large.

Dr. Beebe then read a paper on The Necessity for the Use of Local Medication in the Treatment of Chronic Catarrhal Affections of the Uterus, and the Cloth Tent the Best Means of Applying the Same.

Professor Hale said that he had failed in making the cloth tents but had found tents made from Slippery Elm bark very useful.

PŒDOLOGY.

A paper entitled Practical "Items" in Pædology, prepared by Dr. R. C. Sabin, was then read by the secretary, and referred to the committee on publication.

PRESIDENT'S ADDRESS.

The president then delivered his address.

Dr. Sherman thanked the President for omitting the long funeral sermon of Hahnemann which generally made up the substance of such addresses, and for giving good practical suggestions.

The board of censors then reported favorably on the names of E. B. Beeson, M.D., of

Fond du Lac, graduate of Hahnemann College of Chicago, 1870, and he was elected to membership.

It was moved and seconded that inasmuch as Dr. T. J. Patchen was obliged to withdraw from us as an active member, (his health compelling him to seek a milder climate,) that he be made an honorary member; which was carried unanimously.

The censors reported upon the papers and affidavits of Dr. Ernst Hummel (who asked for full membership in the society), but as they were not held to be sufficient, he was allowed to withdraw his name from the association.

Dr. Dorris stated that he was provided with tickets for the Green Lake excursion.

Dr. Sherman suggested that the members go, and transact business on the road.

Dr. Bishop thought it would be uncourteous to leave the city, inasmuch as the next day would bring in many members to attend the convention.

It was moved, seconded and carried unanimously that a rising vote be taken, thanking the railroad company for their very kind invitation, and that we decline from a point of duty.

SECOND DAY—MORNING SESSION.

OPHTHALMOLOGY AND OTOTOLOGY.

Dr. Bishop presented a paper on Sarcoma of the Choroid.

MEDICAL CHEMISTRY.

Dr. L. Sherman read a paper on Homœopathic Tinctures and Their Mode of Preparation.

The following resolution was offered and accepted:

Resolved, That it is the sense of this convention, that pharmacutists should place upon all preparations below the 3d, a label showing their exact strength, and their mode of preparation, and that no order should be filled if improperly written.

A paper on Carcinoma of the Liver, by Dr. C. B. Gatchell, of Milwaukee, was then read by the secretary.

MEDICAL LITERATURE.

A paper was received from Dr. T. C. Dun-

can, of Chicago, on this subject, and was read by Dr. Storke:

Dr. Sherman recommended a work by Ohme, on Diphtheritis, as being worthy the attention of the convention.

MENTAL AND NERVOUS DISEASES.

Under this head a paper was received from Professor N. B. Delamater, of Chicago, giving an able digest of the recent discoveries in the anatomy, physiology, pathology, and diseases of the nervous system.

Prof. E. M. Hale gave the history of a case of tubercular meningitis, and one of cerebral hyperæmia, and exhibited charts prepared by Prof. N. B. Delamater, showing the temperature, pulse and respiration.

The board of censors reported favorably on the following names for membership, and they were duly elected:

G. B. Durand, M.D., Waupun, graduate of Cleveland College, 1873; M. Vandervoort, Eden, Hahnemann College, Chicago, 1865.

Dr. Dorris, on behalf of the homœopathic physicians of Fond du Lac, invited the convention to a carriage drive about the city at the close of the afternoon session. On motion, the invitation was accepted unanimously, by a rising vote.

The president appointed the following a committee to nominate officers for the ensuing year: Drs. Sanders, Storke and Beebe.

AFTERNOON SESSION.

A letter from Dr. L. Tabor of Stephenville, was read, introducing a case, asking the opinion of the members.

Professor Hall, of Chicago, by request, made some remarks upon it, after it had been examined by those present, and classed the case as one of psoriasis versicolor, and suggested the use of Iodine of Ars. 2d and 3d, and Iodine of Sulphur 6th.

Professor Hale recommended, in case the above prescription should fail, Guaco 2d dil., and also to make a solution of one drachm to a pint of water, and use as a topical application.

Dr. Sherman suggested that possibly the

case was one of poisoning by plasters, and other things, applied by a "cancer doctor," in hopes of making a cancer of it, as he was "death on cancers."

Professor Hall thought all such doctors (?) should be squelched, and suggested that the legislative committee give them their attention.

None of the members on legislation being present, Dr. Patchen, in disgust, moved that the committee on legislation be abolished as useless.

Dr. Martin followed with some remarks on the necessity and object of such a committee.

Dr. Martin was authorized, by a motion, to act as one of such a committee, and to appoint two others to co-operate with him. The committee, as thus authorized and appointed, consists of Drs. S. J. Martin, Racine, H. B. Dale, Oshkosh, and A. H. Dorris, Fond du Lac.

Dr. Dale asked for instructions, as to duties of this committee.

Dr. D. S. Smith, of Chicago, having had much experience in legislative affairs, made some very interesting and valuable remarks upon this subject. He said that the true plan was to be aggressive, and seek legislation in favor of the school.

He made some remarks upon homœopathy and its history, complimented the young physicians for their ability and skill, portraying for them a bright future, and especially commended the class of 1876-7, of Hahnemann College. He extended a very cordial invitation to the society to attend the Illinois state convention.

Dr. Hale, of Chicago, was called upon, who, coming forward, referred to the universal kindness he had received at the hands of the Wisconsin and Illinois physicians, and expressed great pleasure in his ability to be with us. He also spoke of the members who called together the Western Institute of Homœopathy, which had now merged into the American Institute, and urged upon the members the necessity of being present at the meetings of their state associations, and of every member doing something for the benefit of all.

The society now proceeded to the election of officers. The nominating committee submitted the following:

PRESIDENT.

H. L. Bradley, M.D., of Horicon.

VICE PRESIDENT.

H. B. Dale, M.D., of Oshkosh.

SECRETARY.

O. W. Carlson, M.D., of Milwaukee.

TREASURER.

E. F. Storke, M.D., of Milwaukee.

BOARD OF CENSORS.

A. H. Dorris, M.D., — Page, M.D., and
L. A. Bishop, M.D.

On motion the secretary was unanimously instructed to cast the ballot of the society for the above named list of officers as nominated, which was done, and they were declared elected.

Moved and carried, that when the society adjourn it be to meet in Milwaukee on the second Tuesday in June, 1878, provided that this would not interfere with the meeting of the American Institute, in which case the secretary was instructed to fix the date.

Dr. D. S. Smith rose and said that he wanted very much to have the next meeting of the American Institute held in Milwaukee, and thought it could be done by a little work. Dr. Hale and others made some remarks, saying that they were also in favor of it, and the following resolution was adopted by the society:

Resolved, That it is the sense of this meeting that the American Institute of Homœopathy be cordially invited to hold their annual meeting for 1878 in Milwaukee.

Drs. Patchen, Sherman, Storke and Beebe, were appointed delegates to the American Institute.

A vote of thanks was enthusiastically returned to the Fond du Lac press, for their kindness in making reports of the meeting; to the proprietors of the Patty house for the use of their elegant parlors, and other favors; and also to the physicians of Fond du Lac for their attention and kindness to all.

The meeting then adjourned, and the physicians present participated in a carriage drive around the beautiful city of Fond du Lac. In the evening by invitation of Drs. Patchen and Bishop, an informal gathering took place at their residence, when the members participated in amusements of various kinds, and were specially delighted with vocal and instrumental music by Mrs. Bishop.

It was the expression of all that the thirteenth annual convention had been in all respects an enjoyable one, and a grand success,
O. W. CARLSON, Secretary.

PERSONALS.

Dr. J. O. Lucy has removed from Oskaloosa, Iowa, to Lexington, Ky.

Dr. George D. Streeter has removed from Quincy, Ill., to Hot Springs, Ark.

Dr. F. H. Foster, of this city, has removed from 90 Washington to 70 State street.

Dr. Foot has left Dexter, Mich. and Dr. Alex. H. Rogers has succeeded him.

Our 1000th subscription was received from Dr. G. S. Barrows, of San Jose, Cal.

Drs. Brooks and Ordway have purchased the business of Dr. T. J. Patchen, at Hot Springs, Ark.

Dr. C. H. Hawes has removed from Alden, Iowa, to Oskaloosa, in the same state, and is associated with Dr. Coffin.

Our first subscriber from Maine was Dr. W. F. Shepard, of Bangor; from Georgia, Dr. E. B. Scheley, Columbus.

F. L. Boericke, son of Mr. Boericke of the firm of Boericke & Tafel, is about to establish a homœopathic pharmacy in Oakland, Cal.

Dr. Alex. H. Rogers, of Dexter, Mich., has been appointed assistant to chair of surgery in the Homœopathic Medical College of the Michigan University.

We desire to correct an accidental omission that occurred in the July number of the HOMŒOPATHIST. The caption of the paper on "Synchronous Anchylosis," etc., should have read, By C. H. von Tagen, M.D., Pro-

fessor of Operative and Clinical Surgery in the Hahnemann Medical College, Chicago, Ill.

The new state board of health for Illinois, appointed by the governor, consists of the following named gentlemen: John H. Rauch, M.D., Chicago; William M. Chambers, M.D., Charleston; A. L. Clark, M.D., Elgin; R. Ludlam, M.D., Chicago; Horace Wardner, M.D., Cairo; Hon. Newton Bateman, president of Knox College, Galesburg, and Hon. John M. Gregory, president of the Industrial University, Champaign.

ITEMS OF INTEREST.

The Albany County Society proposes providing Jaborandi.

Hydrobromic Ether is proposed as a new anæsthetic agent.

Drs. S. Porter, C. W. Breyfogle, W. C. T. Hempstead, E. J. Fraser and F. Hiller, Jr., have been appointed a committee to inquire into the expediency of establishing in California a homœopathic medical college.

The Eighteenth annual session of the New York Homœopathic Medical College will begin on the first Tuesday in October, 1877, and will continue, with the exception of a week between Christmas and New Year, till the last day in February.

A meeting was held May 23d, at the residence of Mrs. D. M. Richardson, Detroit, Mich., to organize a free homœopathic dispensary in that city; an organization was effected, and Drs. Sarah P. Eagle and R. C. Olin were appointed physicians.

The session of the Chicago Homœopathic College will be opened on Wednesday, Oct. 3, 1877, by an introductory lecture by Prof. J. W. Streeter, M.D. No spring session will be held as a longer regular term of study has been arranged, closing April 3, 1878, making a continuous course of twenty-six weeks.

The Pacific slope has possessed itself of a medium devoted to homœopathy in the shape of a quarterly, styled the *California Medical Times*, of San Francisco, Cal. We can hardly compliment its typographical appearance, and

its volume of literature is extremely limited. Dr. F. Hiller, Jr., is the managing editor, and Dr. Sidney Worth, associate.

Any one desiring information in regard to the Western Academy of Homœopathy, which holds its next session in May, 1878, at Cincinnati, or any physician intending to join, or any one having any business whatever in regard to it, is requested to communicate with the General Secretary, C. H. Vilas, M.D., 56 East Washington street, Chicago, by whom all inquiries will be cheerfully answered.

SOCIETY SUMMARY.

CALIFORNIA.

The California State Medical Society of Homœopathic Practitioners, held its annual meeting at San Francisco, April 10th and 11th, 1877. Fourteen new members were elected. The following officers were elected for the ensuing year: Dr. S. Porter, Vallejo, president; Drs. G. M. Dixon, Sacramento, and E. T. M. Hurlbutt, San Francisco, vice-presidents; Dr. W. N. Griswold, San Francisco, recording secretary; Dr. E. J. Fraser, San Francisco, corresponding secretary; Dr. Sidney Worth, San Francisco, treasurer; Drs. M. J. Werder, J. K. Clark, A. S. Wright, censors.

AMERICAN INSTITUTE.

The Thirtieth session of the American Institute of Homœopathy was held at the Kent house, Lake Chautauqua, N. Y., June 26th to 29th, inclusive. One hundred and three members were present, being quite a falling off in point of numbers to some of the former meetings. The next meeting is to be held at Put-in-Bay, Ohio. The election of officers resulted in the choice of the following gentlemen:

John C. Burgher, M.D., president, Pittsburgh, Pa.; J. C. Sanders, M.D., vice-president, Cleveland, O.; R. J. McClatchey, M.D., Philadelphia, general secretary; Jos. C. Guernsey, M.D., Philadelphia, provisional secretary; E. M. Kellogg, M.D., New York, treasurer; F. R. McManus, Baltimore, D. S. Smith, Chicago, T. J. Patchen, Hot Springs, Ark., R. B. Rush, Salem, O., Thomas Moore, Philadelphia, censors.

SUCCESS.

In addition to the receipt of many hundreds of letters, each accompanied by a substantial token of appreciation, the subscription price, and not less gratifying to the publishers, has been the frequent manifestations of the recipients personal approbation of our work; we have but space for a limited number:

Like it very much.—S. W. Rutledge, Cresco, Iowa.

Am much pleased with it.—F. K. Hills, Rockford, Ill.

Success to the Journal.—Chas. T. Mitchell, Canandaigua, N. Y.

Am well pleased with it.—John H. Thompson, New York City.

I am more than pleased with it.—G. M. Dixon, Sacramento, Cal.

I like its appearance very much.—M. T. Runnells, Indianapolis, Ind.

Am much pleased with your first number.—Geo. C. Abbott, Milan, Ind.

Am *very* much pleased with it.—H. A. Houghton, Charlestown, Mass.

Like it much, and wish you the greatest success.—P. S. Kinne, Patterson, N. J.

A model of neatness, and its name just right.—J. Arthur Bullard, Wilkesbarre, Pa.

Appearance good; subject matter most excellent.—E. A. Farrington, Philadelphia.

Like it very much indeed, better than any other I have ever seen.—H. L. Godden, Petersburg, Ill.

Am much pleased with its general appearance as well as the articles it contains, and shall welcome it as a monthly visitor.—R. M. Waggoner, De Witt, Iowa.

I consider the condensed article on "Remedial Indications for Infantile Diarrhœa" alone worth more than the year's subscription. Success to the HOMŒOPATHIST.—W. H. Boardman, Pittsburgh, Pa.

The following condensation from our salutatory may be of interest to those who have not received the July number of this journal:

In this our salutation to the profession we would call attention to the name on the title page; one which was not chosen for a mere name, but for its significance. While the word "AMERICAN" suggests to the mind all that is broad and advanced, its associate,

"HOMŒOPATHIST," has, too, its language and identity which will not be lost in the breadth and greatness of its companion, but shall rather flourish in it as an important factor.

We take it that "homœopathist" means, one who believes in and applies Nature's grand law, "*Similia Similibus Curantur*." Nothing more; nothing less. If a man must needs pass through a long school of experience, like that of Hahnemann, before he can accept the efficacy of the minutest dose, he is none the less an homœopathist. We honestly think, however, that his success and usefulness would be far greater could he accept such an experience early in life. It will not be our province to berate men of this kind, who may be honestly applying the law as they deem best, but to place such light and facts before them as will indicate a better practice—a purer homœopathy, meanwhile giving due credit to the successful application of "*similia*" in whatever dose, will be within the scope of this journal.

Personally, we use the high and highest potencies as well as the medium and lowest. If we could retain but one, we would prefer the higher. Having prescribed (in exceptional cases,) the 200th without benefit, after fair trial, and in the same case seen prompt action attend the 3d, and *vice versa*, we can exercise much liberality as to range of dose.

To be a successful and intelligent homœopathist, one must have a liberal knowledge of the collateral sciences, hence, it will be the aim of this journal to furnish such matter as shall contribute largely to the success and intelligence of the active practitioner.

In reporting cases we shall by no means neglect pathology. Regarding characteristic symptoms not only as useful guides to pathological states, but as absolutely indispensable to an exact prescription. We shall endeavor to give special prominence to such symptoms in each case.

The department of Recent Literature will be prepared with the utmost care, and will present a compact review of the homœopathic medical literature of the present day.

Subscription: Two Dollars a Year, Twenty cents a Number.

AMERICAN HOMŒOPATHIST

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL AND SANITARY SCIENCE.

J. P. MILLS, M.D., Editor.

Vol. I.

SEPTEMBER, 1877.

IN EXCHANGE.
No. 3.

CONTENTS

CLINICAL CASES IN GYNÆCOLOGY. <i>R. Ludlam</i>	81	CHOLERA INFANTUM. <i>C. Preston</i>	100
I. An Ovarian Cyst filled with an Opalescent Fluid.—II. The Aspirator in a Case of Extreme Abdominal Distension.		Mercurius sol., Bryonia, Arsenicum, Podophyllin peltatum.	
SARCOMA OF THE CHOROID. <i>L. A. Bishop</i>	84	SKIN GRAFTING. <i>Louis Faust</i>	102
BOIL IT DOWN	86	BOARDS OF HEALTH, THEIR SCOPE AND POWER. <i>Tullio S. Verdi</i>	104
NOTES ON SOME OF THE NEWEST REMEDIES. <i>E. M. Hale</i>	87	LAPIS ALBUS	111
Amyl Nitrite, Bromide of Camphor, Bromide of Zinc, Bromide of Nickel, Benzoate of Lithia, Grindelia, Eriodyction, Jaborandi, Picric acid, Salicylic acid, Salicylate of Quinia, Viburnum.		HOMŒOPATHY ILLUSTRATED	112
REVIEW OF A REPORT OF TWO CASES OF CHOLERA ASIATICA. <i>H. V. Miller</i>	97	I. Sanguinaria Sick-Headache.—2. Sanguinaria Headache.—3. Opium in Constipation.—4. Cannabis Indica in Petit Mal.—5. Cannabis Indica in Mental Depression.—6. Laurocerasus in Dysentery.—7. Veratrum viride in Erysipelas bullosum.	
"A DEEP AND SUTLE THRILL"	98	"DENTAL" AS RELATED TO "GENERAL" PRACTICE. II. <i>Gorton Nichols</i>	116
TRAUMATIC DISEASE OF THE FLAUIR. <i>S. J. Martin</i>	99	EDITOR'S CABINET	117
		MEDICAL MEMORANDA	118
		An Act to Regulate the Practice of Medicine in the State of Illinois.—Items of Interest.—Personals.	

CHICAGO:

A. L. CHATTERTON & COMPANY,

NO. 121 DEARBORN STREET.

CHICAGO

Homœopathic College

LEGALLY CHARTERED
BY THE STATE OF ILLINOIS IN JUNE, 1876.

WINTER TERM.

The Winter Session of 1877-8 will open on October 3d, and continue twenty-six weeks. This College has a full corps of experienced professors, each of whom devotes special study to the branch he teaches. Particular instruction is given in all practical branches, with abundant illustration from the largest Homœopathic medical, surgical, and obstetrical clinic in the west.

FACULTY AND TRUSTEES.

GEO. E. SHIPMAN, A.M., M.D., Emeritus Professor of Materia Medica.
H. P. GATCHELL, A.M., M.D., Emeritus Professor of Physiology and Hygiene.
RODNEY WELCH, A.M., M.D., Emeritus Professor of Chemistry and Toxicology.
LEONARD PRATT, M.D., Emeritus Prof. of Special Pathology and Diagnosis.
J. S. MITCHELL, A.M., M.D., Professor of Theory and Practice in Clinical Medicine.
ALBERT G. BEEBE, A.M., M.D., } Professors of Principles and Practice of Surgery and Clinical Surgery.
CHARLES ADAMS, M.D., }
WILLIS DANFORTH, M.D., Professor of Gynecological Surgery.
JOHN W. STREETER, M.D., Professor of Diseases of Women and Children.
R. N. FOSTER, A.M., M.D., Professor of Obstetrics.

W. H. WOODYATT, M.D., Professor of Ophthalmology and Otology.
E. M. HALE, M.D., Professor of Materia Medica and Therapeutics.
A. W. WOODWARD, M.D., Professor of Analytical and Comparative Materia Medica.
E. H. PRATT, A.M., M.D., Professor of Anatomy.
J. R. KIPPAK, LL. B., M.D., Professor of Dermatology and Medical Jurisprudence.
R. N. TOOKER, M.D., Professor of Physiology.
N. B. DELAMATER, M.D., Lecturer on Electro-Therapeutics and Special Nervous Diseases.
L. C. GROSVENOR, M.D., Adj't Professor of Theory and Practice.
A. L. MARCY, M.D., Lecturer on Chemistry and Toxicology.

Persons desirous of obtaining further information respecting this course are requested to communicate with

CHARLES ADAMS, Secy., 1143 Wabash Ave.

THE
American Homœopathist.

A MONTHLY JOURNAL OF MEDICAL, SURGICAL,
AND SANITARY SCIENCE.

Vol. I.—SEPTEMBER, 1877.—No. 3.

CLINICAL CASES IN GYNÆCOLOGY.

BY R. LUDLAM, M.D.

[Professor of the Medical and Surgical Diseases of Women and Obstetrics in the Hahnemann Medical College and Hospital of Chicago.]

I. AN OVARIAN CYST FILLED WITH AN
OPALESCENT FLUID.

If the exception proves the rule, the following case indirectly attests the value of the sign which is considered distinctive of a cyst of the broad ligament:

Case 1832. Miss R., a frail little woman, aged fifty, living at No. 758 Fulton street, Chicago, was brought to my clinic at the Hahnemann hospital by her physician, my brother, Dr. E. M. P. Ludlam, Sept. 27, 1876. Being a professional nurse she had led a very active life. She had passed

the climacteric without any serious trouble, five years before. In the month of March last she observed a swelling of the size of a goose-egg, which was located in the *left* inguinal region. During the last two months this tumor has grown very rapidly and now fills the whole abdomen. She has at times considerable pain in and about the tumor, but the degree of suffering varies with exercise.

The case was carefully examined. The chief physical signs of ovarian dropsy were recognized and commented upon, but, there being no im-

mediate necessity for the operation of ovariectomy, I advised tapping. Moreover, a few days previous I had already withdrawn, by means of a hypodermic syringe, a specimen of the fluid contained within the sac.

She came again to the clinic on Wednesday, Oct. 5, 1876, and, in presence of the college class, Professor von Tagen inserted the larger needle of Dieulafoy's aspirator and drew off two and a half gallons of serum. This fluid was clear and limpid, like spring-water, and slightly opalescent, and corresponded exactly with that which Dr. Atlee and other writers describe as pathognomonic of a cyst of the broad ligament. Its specific gravity was 1005, and it did not coagulate either by the appreciation of heat or of Nitric acid.

Besides, after the removal of the fluid, the peculiar scaphoid condition of the belly, which is seen after the tapping of a cyst of the broad ligament, was very noticeable. Both the character of the fluid and the incurvation of the parietes of the abdomen were so pronounced that I told the class we must depend upon the refilling of the sac to settle the diagnosis. If it was a cyst of the broad ligament, in all probability it would take the same course as if it had been punctured by an electrical needle, and discharged its contents into the peritoneal cavity, *id est* it would not refill. Or, at least it would not refill more than once. But if it was ovarian, she would probably return

before the lecture-course was over with another tumor.

She remained in the hospital for a fortnight, and then went home again. But three days after the tapping she called my attention to a growth which had appeared in the *right* side of the abdomen. She had been seized with a sudden pain, which was followed by a sensation as if something had fallen into the pelvis.

This second tumor grew rapidly until Jan. 3, 1877, when she returned to the clinic and was tapped again. The quantity of fluid taken was not quite so large as before, but its quality had changed. It was of a light straw-color, thicker, more viscid, and decidedly albuminous. The case grew more interesting. Had we in the first instance a cyst of the left broad ligament, and afterward one of the right ovary?

I pronounced the fluid obtained at this time to be ovarian, and promised the class, and the patient also, that in case of a re-accumulation, I would resort to ovariectomy.

The same experience was repeated, but with a failure of the general health. There was considerable emaciation, a tormenting neuralgia, swelling of the feet, and finally hectic. On the evening of May 2d she was brought before my private class in gynæcology in illustration of a lecture on Ovarian Dropsy; and on the 10th day of the same month I made the operation of ovariectomy at her residence. There were present, Prof. G. A. Hall, Dr. E. M. P. Ludlam, Chi-

cago; Dr. W. H. Kern, McKeesport, Pa.; Dr. H. H. Sheffield, Napoleon, Ohio; M. A. Stone, M.D., Cleveland, and Messrs. Baldwin and E. S. Bailey, medical students. The operation was made in the usual way. Upon the left side, especially, the parietal adhesions were very general and extensive, and required to be separated with a great deal of care. The pedicle was three and a half inches broad, thin, and very short. I examined the broad ligaments very carefully but found nothing abnormal. The sac and solid part of the tumor weighed ten pounds. The fluid was of a greenish-yellow color, and much thicker than before. In the bottom of the sac there were from four to six ounces of pus.

She rallied nicely from the operation, and with careful nursing and judicious after-treatment, made a good recovery. Her health is now completely restored.

II. THE ASPIRATOR IN A CASE OF EXTREME ABDOMINAL DISTENSION.

In February, 1876, at the request of Dr. L. R. Brigham, of Aurora, Ill., I visited Mrs. W., for the purpose of deciding upon the expediency of an operation for the removal of a pelvic tumor. The growth filled the whole pelvic excavation, and was so firmly impacted that it was impossible to move it in any direction. It was of a

stony hardness, undoubtedly scirrhus in character, and by direct pressure had obliterated the rectum. For three weeks the patient's bowels had not moved in the slightest degree. She was very much emaciated, and in great anguish from the abdominal distension. I never before saw such an extreme degree of tympanitis. The abdominal parietes were thin, very tender, and tense almost to bursting. Only the most transient relief had been derived from opiates of various kinds, anæsthetics, and topical applications. It was impossible to force an enema. The poor woman begged for relief.

I suggested the aspiration of the accumulated gases, and with Dr. B.'s consent, passed the needle of the instrument into the lower part of the descending colon. We then pumped out the gases, the tympanites subsided, the abdominal walls collapsed, and the patient's sufferings were speedily and entirely relieved. I never saw a more grateful woman. There was some fecal matter on the needle when it was withdrawn.

The distension being removed, we had an excellent opportunity of examining the upper part of the tumor, at and above the superior strait. The case was incurable, but so long as she lived, Dr. Brigham continued the use of this means of relief, and always with the happiest results.

SARCOMA OF THE CHOROID.—DIAGNOSIS.

BY L. A. BISHOP, M.D., FOND DU LAC, WIS.

Read before the Homœopathic Medical Society of the State of Wisconsin.

In the latter part of November, 1876, C. B. T., of Taychuda, aged about forty years, consulted in regard to his right eye, which he *knew* to be totally blind for direct vision for a month previous, and how much longer he was unable to state, owing to accidentally ascertaining the fact while out shooting, having never experienced any pain or inconvenience with the organ whatever, always priding himself on his keenness of vision.

The external appearance of the eye was as follows: No protrusion of eyeball. No projection or chemosis of conjunctiva; pupil natural; tension normal; no tenderness on pressure; no discoloration of iris; no protrusion; anterior chamber normal; capsule and lens clear; in fact nothing, which, to the casual observer, would indicate which eye was at fault.

Upon ophthalmoscopic examination I found vision obstructed by what appeared to me to be a curtain or other pathological structure, extending from the right side of the inside of the eyeball, from the choroid, a trifle anterior to its middle section, extending across the field of vision, a trifle posterior to the capsule, to a point a little beyond the area of the pupil. Could, by oblique examination, see a portion of the retina to the nasal and anterior regions, and, as it were, see in

behind the obstruction. The retina visible being normal.

The growth was of a dark, coffee-colored tint, perfectly smooth, and over the surface was distinctly traceable arterial vessels. There was no fluctuation on motion. He was unable to see a lighted lamp when held at any distance directly in front of his face, but could readily distinguish objects when held to the side of the face, showing, conclusively, that the retina on the side next the nose was in normal condition and that we must look otherwise for the origin of the trouble.

The question now naturally arose, What was the difficulty? Atrophy of the optic nerve. Infiltration and pressure on or in the optic nerve. Detached retina. Glioma of the retina. Opacity of the vitreous. Carcinoma of the choroid or ciliary body, and sarcoma of the choroid or ciliary, or of both, suggested themselves as liable to produce the same or many of this array of symptoms. But in continuing our efforts to diagnose which one, if any, of this list of pathological conditions our patient was afflicted with, we will adopt the plan of exclusion.

1. It cannot be atrophy of the optic nerve or infiltration and pressure of the optic nerve, for the reason that if

the nerve structure was so changed that a portion of the retina was totally insensible to light then another portion could not be normal, for where the trunk is dead all the branches must be also.

2. It cannot be glioma of the retina, for in glioma we have the whitish reflex, while in this we have the brown.

3. It cannot be opacity of the vitreous, for it is by dilating the pupil we can trace the retina throughout the whole circumference of the eye, which we could not do in this case; also there are no arterial vessels in opacity of the vitreous, as there were in this case.

4. It cannot be carcinoma of the choroid or ciliary body, for by the time it had reached this extent it would quite extensively involve the lymphatic glands, while in this case the glands are not involved in the least.

5. It cannot be sarcoma of the ciliary body, for if it was the iris would be pushed aside and the growth protruded into the anterior chamber, the lens and capsule opaque, and the ciliary regions sensitive to the touch. None of these symptoms being present in our case.

We have, therefore, by exclusion, confined our diagnosis to one of two difficulties, namely, detached retina, or, sarcoma of the choroid. Either of which may have all the symptoms observable in this case, though in detached retina we would expect to find

fluctuation of the tumor on motion, which we do not here, though not always, for if the effusion is semi-gelatinous, then we might look in vain for fluctuation.

We have, then, two different diseases under consideration, one of which requires medical, while the other prompt surgical treatment, as enucleation is the remedial measure for the latter, and on the promptness with which we operate will depend the recovery of our patient.

If it be detached retina, then we may possibly be gratified with the disappearance of the tumor by absorption; but if it be sarcoma, then we will observe a steady advance of the disease until ciliary neuralgia torments the case and shortly afterward will find our patient suffering the agony of acute glaucoma, when, if we have not rightly diagnosticated the difficulty, we will deem it advisable to perform iridectomy for the cure of glaucoma, and if thus operated upon we will have the experience of finding our patient relieved for a few days, only to be again tormented by a recurrence of the trouble, but if we are positive in our diagnosis that the disease is either detached retina or sarcoma of the choroid, then the appearance of the glaucoma will positively convince us that our case is sarcoma and not detached retina, and our duty is immediate enucleation. I therefore decided that our case was one of either detached retina or sarcoma of the choroid and advised him to wait, allowing me to see it often,

and immediately if he experienced any unusual symptoms.

I saw the case about every two weeks, found it slowly progressing, showing slight ciliary neuralgia which convinced me almost positively that it was sarcoma, though not sufficiently so as to advise an operation.

On the morning of the 20th of January, 1877, bright and early, I found him waiting to see me, having come five miles in the night to obtain relief from the excruciating pain he had been suffering for the past twenty-four hours. Upon examination found all the symptoms of acute glaucoma. I advised immediate enucleation, and until noon to make up his mind as to whether he would submit to it. Gave him a hypodermic injection for relief of pain. Having decided favorably to an operation, I enucleated the eye in the afternoon of the same day, assisted by Drs. Dorris and Beeson, and my student, Mr. Parker.

No untoward symptoms were experienced from the Ether or during the operation. Found the inside of the eye about two-thirds filled with a

dark, mottled tumor, growing from the choroid at its middle and outer side extending across midway between the capsule and optic disc. Capsule and lens normal, as also optic disc. Vitreous somewhat degenerated into a yellowish, watery substance, probably being the change taken place since the glaucoma was developed. Retina intact and carried forward over the tumor which was quite firm, except a small portion next the vitreous, which was somewhat decomposed also, evidently due to the sudden change in the condition of the eye.

Patient made a rapid recovery without pain or swelling. Left for home at the end of ten days, has had no trouble since, and is now wearing an artificial eye.

TREATMENT.

The treatment in this case consisted of Aconite 3 and Belladonna 3 internally, with Calendula lotion locally, afterward followed by Arsenicum 3x to prevent a recurrence of the trouble either in the remaining portion of the nerve, or a similar development in the brain, lungs, liver, or kidneys.

BOIL IT DOWN.

Whatever you have to say, dear doctor.

Whether witty, grave, or gay,

Condense it as much as ever you can,

And say it in the readiest way.

And whether you write of medical affairs,

Or surgical things in your town,

Just take a word of friendly advice—

Boil it down.

When writing an article for the press,

Whether prose or verse, just try

To utter your thoughts in the fewest words,

And let them be crisp and dry ;

And when it is finished, and you suppose

It is done exactly brown,

Just look it over again, and then—

Boil it down.

NOTES ON SOME OF THE NEWEST REMEDIES.

BY E. M. HALE, M.D.

[Professor of Materia Medica and Therapeutics, Chicago Homœopathic College.]

Read before the Homœopathic Medical Society of the State of Wisconsin.

In the following notes the writer does not suppose he is going to impart to the members of the Homœopathic Medical Society of the State of Wisconsin much that is entirely new; but from the fact that his specialty for many years has been the study of new remedies, and his enthusiasm in investigating each new drug as soon as it appears, he may impart some information of value.

The main portion of this paper will be taken up with purely practical experience from the writer's own practice, or from his gleanings and observations.

Taking the medicines, for convenience, in alphabetical order, mention will be made of the following: Amyl nitrite, Bromide of Camphor, Bromide of Zinc, Bromide of Nickel, Benzoate of Lithia, Grindelia, Eriodyction, Jab-
orandi, Picric acid, Salicylic acid, Salicylate of Quinia, and Viburnum.

AMYL NITRITE.

This singularly volatile drug is a close analogue of Glonoin. It also resembles, in some degree, Belladonna. A few drops inhaled, or a portion of a drop taken internally, causes almost immediate excitement of the circulation, with such a decrease of tension in the arteries that

the face and whole body becomes red and flushed. The heart beats violently, the temporal arteries throb, and vertigo with confusion of mind occurs. These are primary effects, the secondary action is the reverse, characterized by faintness, coldness, and alarming collapse.

With singular inconsistency Dr. Ringer, the foremost exponent of English allopathy, advises it for many of its primary symptoms. He was the first to recommend it in certain "*arterial flushings*," almost exactly like the symptoms it causes. These "*flushings*" you are all familiar with. They occur principally at the "*change of life*," but may occur at any age. In women they generally depend on uterine irritation—transmitted by reflex action of the great sympathetic to the medulla, and thence to the vasomotor nerves, which become temporarily paralyzed. I have used the Amyl in very many cases of "*flushings*," from a variety of causes, with generally good effect. It will succeed when Sepia, Sanguinaria, and Lachesis fails. The method of administration may be either by *olfaction* or *ingestion*. A few drops of the 1x or 2x dilution in pure alcohol is placed on a little cotton in a vial, and the patient should inhale

a few deep inspirations several times a day, especially when the "flushings" appear; or, a few drops of the 2x or 3x dilution may be taken in water, or the pellets saturated with these dilutions. It is so excessively volatile that the doses have to be repeated very often—every fifteen or twenty minutes. I do not imagine it will ever be useful in the cure of chronic maladies, but it is very valuable in acute affections manifesting sudden and transient symptoms.

You have doubtless heard of its great value as a palliative in angina pectoris—how it quickly stops the terrible agony of that condition. From analogy we may safely deduce that it would prove useful in any cramp-like spasm of internal hollow organs.

In my experience I have found that such a deduction was justified, for it has arrested violent cardalgia, enteralgia, and even the pain from the passage of renal and hepatic calculi.

In one of the late numbers of the *Hahnemannian Monthly* I gave my experience with it in an affection allied to angina pectoris, namely, dysmenorrhœa, when it is of the spasmodic variety. Several of my patients would not pass a period without it, for they know a few inhalations will dissipate the intense pain as soon as it appears.

There is a variety of headache in which the Amyl is very efficacious. It occurs in weak, nervous subjects, usually women. The pain is so severe that it is almost agonizing; the

face is cold and pale, as well as the hands and feet, and the subject lies almost unconscious of everything but *pain*. A few deep inhalations of the pure Amyl, or the lower dilutions will often arrest immediately the great suffering.

In cases of sudden syncope or collapse from mental or nervous shock, no remedy acts so quickly as Amyl. It excites the heart to immediate action, and allows the blood to circulate freely in the brain, but after the first effect, or reaction, is over, its use should be supplemented by Ignatia, Camphor, or Veratrum alb.

BROMIDE OF CAMPHOR.

I am very partial to the scientific use of all the bromides, and believe that homœopathists make a great mistake when they neglect them.

Of all the bromides none are more useful than the Monobromate of Camphor. I have used it for several years, and always carry the rx in my pocket case.

Of all remedies for the various manifestations of that protean disorder, hysteria, none are so useful. It is especially indicated in hysteric headache, spasms, vomiting, and sleeplessness. If I were called upon to name the greatest remedy for the nervous ailments of women it would be this. It calms, soothes, and stills the tempest of pain and erethism which sweep over the female organism.

In diseases of children it is equally useful, and those who use it understandingly will soon learn to value it as an indispensable agent in the treat-

ment of infantile spasms, sleeplessness, colic, teething, and even cholera infantum. Since the appearance of my Therapeutics of New Remedies, in which I made but brief mention of this medicine, I have published many cases illustrative of its use in infantile disorders. It is especially in typical cases of cholera infantum that I entreat you to use it. This disease is primarily seated in the great nerve centres, and it is a waste of valuable time to use any but neurotic remedies. When the life is rapidly ebbing away, and collapse is approaching or present, the Bromide of Camphor, in the 1x or even the 3x, frequently repeated, will snatch the victim back to life.

BROMIDE OF NICKEL.

The only mention of the preparations of Nickel, in our materia medica, is the pathogenesis of Niccolum carb. in the Symptomen Codex, but I am not aware that it has ever been used much by our school, no clinical record having come under my notice.

By referring to the head-symptoms, however, it will be seen that it causes a peculiar headache—a *bruised aching*, as if the head were being dashed in pieces, with *heaviness*, vertigo when rising, also tearing, stitches, hammering, boring, etc.

These headaches resemble those of Nux, Ferrum, China, and Arsenicum.

The Sulphate of Nickel, which I mention in the Therapeutics of New Remedies, was introduced into use by Dr. J. Y. Simpson, of Edinburgh. He

prescribed it successfully in *periodical headaches*, and more lately some American physicians have found it successful in *nerualgic headaches*. I have cured periodical headaches resembling the cephalalgia described in the provings of the Carbonate of Nickel. It occurred to me that the Bromide of Nickel, on account of its greater solubility, and the addition of the bromic influence, would be a better preparation than the carbonate or sulphate. I present this to the profession through the Wisconsin State Society for trial in headaches. Until we have separate provings of this salt the symptomatology of the carbonate can be used whereby to select it. I would advise the 2x or 3x trituration or attenuation.

BROMIDE OF ZINC.

This combination has been but little used except by its originator, Dr. Hammond, and by Dr. Delamater, who estimate it very highly in certain cerebral affections.

As homœopathists we value Zincum as a great remedy in diseases of the brain and nervous system. We know that Zinc, by its ultimate primary action, causes and cures cerebral depression, anæmia, and even paralysis. It is our sheet-anchor in cases of senile atrophy, softening, and brain-fag. It has saved thousands of children from the fatal effects of hydrocephalus and hydrocephaloid conditions. In my opinion the bromide will prove more useful than Zinc alone, for it has a quicker action, and is absorbed more readily.

It is but a few months since I procured this drug, but I have already learned to value it highly. I prescribe it for the known effects of both Bromine and Zinc.

Teething children often suffer intensely from pain in the nerves of the head and face. These pains often throw the children into an exhausted condition, marked by stupor alternating with wakefulness, until they are so worn out that symptoms simulating hydrocephalus appears. In such cases the 3d or 6th attenuations act promptly.

In the brain-fag of business men I prefer the Phosphide of Zinc. But if this condition is attended by *violent pain*[†] in the head—periodical—the bromide is superior.

In chronic congestion of the brain, attended by a tendency to dementia or melancholy, the bromide is also useful. In some respects it is an analogue of Picric acid or Cimicifuga.

BENZOATE OF LITHIA.

Those who have used Benzoic acid in certain urinary troubles know that when certain symptoms are present it is indispensable.

It is well known that the alkaline salts of many acids are more useful than the acids alone. The Benzoates of Potassa and Ammonia are important medicines in the treatment of post-scarlatinal dropsy, rheumatism, and certain kinds of vesical calculi.

We have a very suggestive proving of Lithium carbonicum, by the aid of

which we have cured many cases of obscure rheumatic and gouty affections, especially when the heart is involved.

If we study the pathogeneses of Benzoic acid and Lithium it will be observed that the symptomatology of the two covers a large array of urinary disorders and rheumatic ailments.

I have now used this preparation several months and am much pleased with its action in post-scarlatinal dropsy, when the urine is *dark, brownish-red*, has a *pungent odor*, and there are present such symptoms as *swelling of the joints*, rheumatic pains, and cardiac symptoms, such as you will find in the provings of one or both drugs. I believe the long-continued use of this medicine, in the medium attenuations, will prove successful in chronic gout with concretions in the small joints. In dropsy I like the action of the 1x trituration, in doses of a grain or two repeated every two or four hours.

GRINDELIA.

There are two species of Grindelia now used in medicine, the Grindelia Robusta and Grindelia Squamosa, both are natives of California. They are physically remarkable for the large amount of resinous matters which they contain. Belonging to the same *genus*, their action on the human organism is quite similar. We have already a few suggestive provings and a large amount of clinical experience obtained by their empirical administration. As with other medicines, the provings verify the trustworthiness of

[†]I expect to find that the Bromide of Nickel will rival any drug we possess for cerebral neuralgia.

the clinical experience. The sphere of action of *Grindelia* appears to be principally manifested upon the *mucous membranes*, and the *nervous system*. As a general rule this is the case with all the gum-resins. Taken into the system they have to be carried *out* through the mucous surfaces whose function is to *eliminate*. Consequently the bronchial mucous membrane, and that lining the genito-urinary tract, are usually chiefly affected. But we know that in case such alimentary organs refuse to do their office, the drug imprisoned in the system attacks other portions of the organism. Therefore we find that *Grindelia*, as well as *Copaiva*, *Terebinth*, *Balsam Peru*, *Sambucus* and *Stannum*, often cause severe nervous symptoms.

The *Grindelia robusta* has been particularly useful in "humid asthma," a disease which generally originates in catarrhal bronchitis. At first the dyspnœa depends on an abnormal accumulation of mucus in the smaller bronchii; it is tenacious and difficult to detach. The patient feels and *knows* that if he begins to expectorate he will get relief. As the disease becomes chronic the "strain" on the respiratory nerves leads to such irritability that *spasm* results. This is called "spasmodic asthma." *Grindelia robusta* corresponds to these symptoms and conditions, and its provings already shadow forth a similar symptomatology. In purely nervous asthma, or the so-called paralytic asthma, where the bronchial tubes are so

relaxed by paralysis of their circular muscular fibres that inhalation is easy, but *expiration* difficult, I do not think *Grindelia* will be found useful.

But there is a dyspnœa, due to paresis of the respiratory nerves which obtain their vitality from the spinal cord, in which *Grindelia* is especially indicated. In a recent proving which I communicated to the *North American Journal of Homœopathy*, occurs the following symptom: "*A fear of going to sleep on account of loss of breath, which awakes him.*" This symptom occurs in chronic asthma, sometimes, and *very* often in *cardiac asthma*. It is due to deficient spinal innervation. We have but few remedies which meet this symptom. *Lachesis* has been used, also *Arsenicum*, *Nux*, and *Ignatia*, but *Strychnia* 6 is better than all. Soon after that symptom was published, Dr. Wesselhœft, of Boston, greatly relieved a case of dyspnœa from heart disease, with this particular symptom. He gave a low dilution. *Eucalyptus*, a kindred remedy, has relieved a similar symptom, *Tart. em.*

The curative dose of *Grindelia* in asthmatic affections has a very wide range. Eclectics and allopaths report brilliant cures from teaspoonful doses of the strong fluid extract down to a few drops of the tincture. I have greatly relieved acute catarrhal asthma, even in children, with the lowest dilutions in drop-doses. The dose is of small consequence, so that it does not reach the point of causing medicinal aggravation—a result which I have

rarely seen in any remedy, and which is generally a myth.

Many cases of chronic bronchitis, and cough with muco-purulent expectoration after pneumonia, has been cured by this medicine. It will doubtless prove useful in catarrhal conditions of the urinary and genital organs.

The *Grindelia squamosa* developed in some recent provings very severe eye-symptoms, resembling acute iritis, and a Dr. Fishe, in the *Pacific Medical Journal*, reports several cases cured by its use internally and externally. He used appreciable doses. It may prove to be a very valuable agent.

ERIODYCTION.

This plant, known in California under its Spanish name of "Verba Santa" (or Holy plant), resembles in some points the *Grindelia*. In other respects it appears to be an analogue of *Phosphorus*, *Hepar sulph.*, *Rumex*, *Causticum*, and other medicines which have a specific action on the larynx and bronchia. It causes a blennorrhagic condition similar to that of *Grindelia* and its analogues, but it differs in this respect, namely, that there is not much asthmatic dyspnoea, but instead we have a constant, irritating cough, with great soreness in the chest, a feeling of excoriation, rawness, and other symptoms denoting great hyperæsthesia of the mucous surfaces. Like *Grindelia* it is *primarily* homœopathic to inflammatory action, and when used for *acute* bronchitis or laryngitis should be used in the middle attenuations. The higher

the febrile irritation, the more pain there is present, and the dryer the cough, the higher should we go in the scale of dilution. But when the acute disease has passed into the chronic stage, and there is great weakness of voice, profuse muco-purulent expectoration, soreness and cramp in the chest, loss of appetite, emaciation, etc., then will *Eriodyction*, in appreciable doses, act beautifully. Dr. G. M. Pease's provings in Allen's *Encyclopædia* show that it affects the right lung (bronchia) in preference. It is as useful in acute and chronic coryza as in bronchitis. Altogether, I predict that it will prove a valuable addition to our materia medica.

JABORANDI.

The botanical name of this plant is *Pilocarpus Pinnatus*. It belongs to the same family as the *Ruta graveolens*. Its physiological analogues are supposed to be *Aconite*, *Gelsemium*, *Veratrum viride*, etc., but in many respects it differs remarkably from them. A remarkable antagonism exists between *Jaborandi* and *Belladonna*, notwithstanding many of its objective symptoms *appear* to resemble those of the latter. A few minutes after a large dose is taken the face and whole body becomes hot, flushed, and red, the temples throb and soon a profuse perspiration breaks out which in some cases becomes enormous in quantity. Simultaneously with the sweat, or soon after, the salivary and buccal glands begin to pour out great quantities of saliva, and this hypersecretion of the mucous

membrane extends all through the intestinal tract, causing in some cases vomiting and diarrhœa. If it does not act in this manner on the skin and mucous membranes, it acts on the kidneys, causing copious diuresis. The sight becomes dim and the pupil contracted. It causes, primarily, increased action of the heart with vaso-motor paralysis with the peculiar dilatation of the arterioles. In this it resembles Amyl and Belladonna. But unlike these medicines, copious sweat attends its primary action. The secondary action of Jaborandi is just the contrary to its primary. The heart beats slowly and feebly, the skin is pale, cool and *dry*. The salivary glands cease to pour out even a normal amount, and the mucous surfaces are *dry*. As showing the antagonism between Jaborandi and Belladonna we have only to mention that the copious sweat and salivation caused by it is immediately *arrested* by the administration of Belladonna or Atropine.

Homœopathists have made but little use of this drug. It is used in a very empirical manner by the old school.

By consulting the symptoms in the excellent pathogenesis in Allen's Encyclopædia it will be seen that its symptomatology is very large and wide.

Primarily it will prove curative because homœopathic to the following symptoms:

Abnormal sweats, which occur from paresis of the vaso-motor nerves. I

have had many cases of abnormal sweating which greatly taxed my skill. Some of them I have cured with China, Veratrum alb., Sambucus, Aconite, or Cimicifuga. Others were relieved by Belladonna, or Atropine, or Quinine. Jaborandi in the attenuations ought to cure these cases, for in the provings it is recorded by some of the provers that it *arrested the copious and easy sweats to which they were subject*.

Flushings followed by sweats at the "change of life," should be relieved by Jaborandi, for they have a very close similarity to its primary action.

Salivation, when due to cold, to nervous disorder, or even mercurial poisoning, ought to come under the curative influence of this medicine in small doses.

Vomiting and diarrhœa, when due to acute gastric catarrh, should be arrested by this drug, also those intestinal affections which follow checked perspiration, or suppressed salivation during teething.

Secondarily, the Jaborandi may be used successfully in just the opposite conditions of the skin and mucous membranes, *provided always*, that the condition has been preceded by symptoms simulating the primary effects of the drug.

It has been used successfully in some skin diseases when the skin was harsh and dry. It has cured uræmia from desquamative nephritis, whether occurring after scarlatina, or during pregnancy. It relieves chronic bronchitis and asthma, and has cured bad

cases of ophthalmia. Dr. Ringer uses with success the Jaborandi to increase the secretion of milk. Dr. Laycock has cured, by its use, some cases of diabetes insipidus. There are many other disorders which may be cured or palliated by this unique medicine.

Remember, however, that if the symptoms resemble those of its primary effects, the attenuations from the 3d to the 6th must be prescribed; while for secondary effects, the lower dilutions will act efficiently.

PICRIC ACID.

Since the publication of my Therapeutics of New Remedies, I have used this acid a great deal, and have learned to value it as one of our best restoratives of a wasted and worn-out nervous system.

In many cases it is far superior to Phosphorus, Phos. acid, Nux vomica, or Zinc. It has the pathogenetic power of causing (primarily) excessive congestive irritation of the cerebro-spinal nerve centres, and even the cerebrum. This primary action is soon followed by an excessive irritation with loss of sustained power. The patient or prover finds that the least mental or physical effort exhausts. This irritation and congestion and also the exhaustion is attended by pain in the occiput, cervical region, and sometimes the whole head. It differs from the bromides in causing cerebral anæmia with irritation. It is homœopathic to the brain-fag of students, school girls, and literary or business men and women.

With the 10th dilution I have cured

many cases of chronic headache, generally located in, or proceeding from, the base of the brain. The characteristic symptom which guided me in the selection has been, that the slightest excitement, mental labor, or over-work, would bring on the cephalalgia.

In the treatment of certain morbid conditions of the sexual organs of both sexes it is indispensable. These conditions are, (1) over-excitement from irritation of the cerebellum; (2) impotence or weakness with irritability. The drug needs further investigation, but may be used even more with advantage.

SALICYLIC ACID.

In the April number of the *North American Journal of Homœopathy* I gave a history of this acid and its uses in disease. It has somewhat disappointed the expectations of surgeons as an external or topical application for the purpose of a disinfectant, and instead of superceding Carbolic acid, it now occupies an inferior position. It has this advantage, however, over Carbolic acid, that it is *odorless*. While it may not be as powerful as a destroyer of disease-germs, parasites, cryptogamous organisms, etc., occurring *out* of the body, it is certainly superior to Carbolic acid when it is necessary to administer a germ-destroyer, internally, to purify the blood and internal secretions. It is a very pleasant remedy for fetid sweats, fetid odors from the skin, hair, or clothing, when combined with cologne. Ten grains of Salicylic acid to a pint of cologne, and used as a

wash, or by means of a spray. One part of the acid to 1000 of water, is an efficient correction of fetid breath, from decayed teeth or any other local cause.

My experience with its internal use has been principally in pyæmic or puerperal fever, where I consider it so invaluable that I would not now dare to treat a case without it.

When pus or other morbid matters have been absorbed into the blood in any manner, and develop the characteristic violent chills, followed by equally violent fever (or more properly, combustion), and where the bodily temperature runs up to 105, 106, and even 107 degrees, this remedy is indispensable. It must, however, be given in appreciable doses, for it does not act as other remedies do in disease, i. e., dynamically. It is taken up by the absorbents and diffused through the blood, and destroys the disease-germs by actual contact. Given in doses of one or two grains an hour (in coated granules) it rapidly brings down the extreme temperature, and allows specific dynamic remedies to have a chance to act.

In acute inflammation and rheumatism it has achieved more prompt cures than any remedy yet known.

In Chicago, inflammatory rheumatism is rare, except among the lower classes, and I have therefore had but a few cases to treat with this medicine, but in the four or five under my care its action was simply magical, for after six or eight doses—of three grains an hour—the pain, fever, and soreness

subsided. In the allopathic hospitals wherever it has been used it has had the same happy effect in nearly all cases. They give ten to twenty grains an hour, and consequently cause many unpleasant and unnecessary medicinal symptoms. These symptoms much resemble those caused by overdose of Quinine.

The Salicylate of Soda is said to act better and more rapidly even, than the acid. Several cases of violent sciatica are reported cured by the Salicylate, in doses varying from the one-tenth to one grain every hour or two.

SALICYLATE OF QUINIA.

Salicylate of Quinia, recently introduced, may become a valuable remedy in the treatment of malarious diseases. If I practiced in a district where ague in its various forms abounded, I should certainly test it. I should try it first in the 1x and 2x triturations, and if these failed, give a grain at a dose.

One of the most useful applications of Salicylic acid and its salts, is the prevention of *flatulence from fermentation of food in the stomach or bowels*. A fraction of a grain will often prevent this troublesome symptom, or dissipate it when already present. In diseases of children it is invaluable in disorders of the stomach and bowels.

Five grains in an ounce of alcohol constitutes the mother tincture, from this make the dilutions.

The 3d in single drop doses, for very young infants, is an excellent

remedy for flatulence. In children fed from the bottle, the acid may be used to advantage in preventing vomiting and diarrhoea from spoiled and acid milk. A teaspoonful of the mother tincture made with *water*, mixed with a quart of milk will prevent acetous fermentation, both within and without the stomach.

VIBURNUM.

The Viburnums comprise a large family of shrubs indigenous to this country and some parts of Europe. Only two are at present used in medicine, the *Viburnum opulus* and *Viburnum prunifolium*, the former known as "Black Haw," the latter as "High Cranberry." The fruit of both is edible. The common ornamental "Snowball Tree" is a *Viburnum*, changed by cultivation.

The bark of the *Viburnum* is the medicinal portion. It contains Valerianic acid in large quantities, and other important constituents not yet fully studied.

The *Viburnum opulus* has long been known to the country people as "cramp bark," showing that some correct idea of its medicinal uses has long been known. My first knowledge of it was by observing the backwoods people using a strong infusion for cramp-colic in women and children, especially in women during pregnancy and at time of menses. From this observation I am satisfied that its primary effect in large doses is that of a *sedative* to the nervous system which presides on the organs of the abdomen and pelvis. Like

Valerian, it lessens reflex irritability, and thus obtains a power to control spasm and cramps in other and remote organs, when depending on uterine irritation.

We have absolutely no satisfactory provings, and the medicine is so mild that I have never seen or known of any unpleasant pathogenetic symptoms from its use. It is very important that we have some systematic attempts at proving the *Viburnums*, especially by women.

We have, however, a large and trustworthy amount of clinical evidence of its usefulness in several painful affections, namely, dysmenorrhœa, neuralgic and spasmodic; false pains, during the whole term of pregnancy; miscarriage, actual and threatened; premature labor; and probably spasmodic and neuralgic pains in the ovaries, intestines, ureters, and bladder.

In the absence of special key-note symptoms, I can only say that it appears to me to be indicated when the pain is neuralgic *and* spasmodic, combined, that it comes on in rapidly succeeding paroxysms, and is attended with general nervous agitation, which may result in hysteria with reflex spasmodic symptoms. Some of the most brilliant cures I ever made were dysmenorrhœas; with *Viburnum opulus* I have prevented habitual miscarriages when they had often occurred in spite of all other means, and have warded off miscarriage when it seemed inevitable. In all of these cases the pain was of the character

described. Its nearest rivals are Cannabis Indica and Caulophyllin. I would earnestly advise its use in very painful labor, *not* at the time of labor, but for a week or two before, in those cases we have reason to expect such painful labor.

When a woman, previous to her pregnancy, has been a victim to a dysmenorrhœa such as calls for Viburnum, it may be predicted that her labor will partake of a similar painful character. In such cases prescribe that she take ten or fifteen drops of the tincture, three times a day, for two weeks before her expected confinement. We know that Caulophyllin and Cimicifuga has prevented certain varieties of dystochia when given in this manner, and I believe Viburnum will have the same effect. When we fully understand the sphere of action

of these medicines, and get hold of characteristic pathogenetic symptoms, they will doubtless be very extensively used by our school. It appears to me to be the opposite of Ergot in some of its effects, and may be useful in antidoting that medicine.

Dysmenorrhœa has been cured with the attenuations—the 1x and 2x—but I am not aware that it has been used higher. The best effects in my practice have been gained by the tincture in doses of one to five drops, and on rare occasions, fifteen to twenty. Other schools use it more freely—in teaspoonful doses of the tincture and fluid extract, or wine-glassfuls of the decoction, and apparently without causing any unpleasant effect except what would arise from its unpleasant taste and odor, and its bulk.

REVIEW OF A REPORT OF TWO CASES OF CHOLERA ASIATICA.

BY H. V. MILLER, M.D., SYRACUSE, N. Y.

In vol. vii., page 520, Transactions of the New York State Homœopathic Medical Society, two cases of supposed cholera sporadica are reported to have occurred in Auburn, that loveliest city of the plain, during the summer of 1864. The first case was that of the venerable Dr. R., who almost constantly vomited and purged a green fluid; was objectively cold, but subjectively burning hot; was

thirsty and restless, and at the end of forty-eight hours was in a state of collapse. No remedy relieved him until he received Aconite rad., tinct., which made a brilliant cure. The second case was similar, except that no mention is made of the vomiting and purging of green fluid. The same remedy also speedily cured this case after other remedies had failed.

As its name indicates, cholera

morbus is a bilious derangement, characterized by bilious vomiting and purging, attended with severe colicky pains. Its exciting cause is usually some error in diet and the attacks are seldom dangerous. Hot weather is the chief predisposing cause.

But in cholera Asiatica there is a suppression of bile. When bile appears in the dejections, the case is always convalescent. The fluids discharged upward and downward are like rice-water, containing whitish particles like rice, said to be epithelial cells, thrown off from the mucous membrane of the small intestines. The exfoliation of this epithelium probably induces the copious serous exudation into the intestines and prevents the absorption of any fluids from the intestines. This loss of epithelium is caused by the action of the specific poison of cholera Asiatica, which is an epidemic disease. During respiration the blood is not oxygenized and carbonic acid gas is not exhaled. The blood loses its serum and becomes thick and dark. There is no repair of tissues to supply the excessive waste. The blood-vessels attract fluid from the muscles, glands,

and other tissues, producing a shrinkage of those tissues; hence the flabbiness of the skin, dryness of the mouth, tongue, and throat, husky voice, great thirst, anuria, etc.

The following symptoms are common to both of these forms of disease: Superficial coldness, cold sweat, great prostration, great thirst, cyanosis and cramps in the extremities. Hence the liability of making a mistake in the diagnosis.

In regard to the treatment of these cases, Aconite nap. was doubtless suggested by the thirst, restlessness, and sensation of heat with disposition to uncover, but it is not stated why Aconite rad. was used. Aconite nap. is prepared from the whole plant and root together. Its pathogenesis gives vomiting of bilious substances including green fluid and watery, dark watery, white, green stools, etc., but not green fluid stools. Hence, when indicated, it is an important remedy in bilious derangement, but it does not resemble the cholera-poison by producing an exfoliation of the epithelium of the intestines and copious rice-water evacuations containing whitish particles like rice.

"A DEEP AND SUBTLE THRILL."

There was a little gathering the other evening, and a lady, with a desire to chasten the conversation asked a young man if he had never felt a deep and subtle thrill, a fullness of

feeling, so to speak, that reminded him of another life. He said he had once. It was when he was in the country, and the doctor called it cholera morbus and charged him four dollars a visit.

TRAUMATIC DISEASE OF THE FEMUR.

BY S. J. MARTIN, M.D., RACINE, WIS.

Read before the Homœopathic Medical Society of the State of Wisconsin.

Master Eddie E., aged thirteen years. On Feb. 17, 1869, was run into by a coasting sled, while in the act of putting on his skates, the sled striking him on the left leg about half way from the knee to the hip.

He did not complain at all about his limb until the morning of the 20th, when he said that it pained him a good deal, and that it was so stiff that he could not straighten it. He did not feel able to get up and so kept his bed.

A physician was called, who thought that the boy would have a fever of some sort. Three days after this the doctor gave it as his opinion that the patient was going to have an attack of brain fever. His attention was repeatedly called to the limb, but said there was no trouble there, that the limb would be all right in a short time.

On the 27th the limb began to swell, and poultices were ordered. They having no effect upon the limb, he then applied what he called a liniment, which blistered the limb, but produced no good effect whatever. After four weeks treatment, the limb getting worse, there being more swelling and inflammation, this physician was discharged and three others called. They said that the limb might possibly have come out all right had it been properly treated

from the first. They were all of the impression that the bone was injured. They treated the boy for a time, lancing the limb about three inches above the popliteal space. A short time after it was lanced an opening appeared about two inches above the popliteal space, which has remained to the present time. There have been openings on all sides of the limb between the knee and hip—there having been as many as eleven at one time, and all discharging pus.

About two years after the injury, Dr. Eisbein, of Buffalo, was consulted by letter, the parents having about given up all hopes of saving their child. He gave it as his opinion that the boy had pyæmia. After treating him for some time, there appeared small abscesses on different parts and a discharge from the ears and nose. The Doctor being informed of this, replied that it was a favorable symptom.

It may be proper to say that the first real improvement began shortly after taking Dr. Eisbein's medicine.

Subsequently, about the third year from the injury, Dr. Adams, of Chicago, was called, who said there was a loose piece, or pieces, of bone, which would have to work out. Dr. Adams gave but very little medicine, as he thought Nature would do most of the work.

Since that time, small splinters of bone have been extruded from time to time.

I have seen the boy occasionally during the past two years, but have given very little medicine.

Another piece of bone came out

June 5, 1877. Since then the boy has been improving very rapidly and is now able to be on his feet and is as happy as a clam at high tide. There is some swelling of the limb in its whole length, but greater at the foot than anywhere else.

CHOLERA INFANTUM.

BY C. PRESTON, M.D., CHESTER, PA.

Our unusually cool summer, in this latitude, has thus far protected the health and saved the lives of many children which, under more usual circumstances, would have become victims to this fearful scourge, nevertheless we have quite a number to treat, some of which have assumed a very serious form, approaching that hydrocephaloid condition under which so many are lost, but timely attention to the premonitory symptoms of brain disturbance has thus far saved every case in my hands.

MERCURIUS SOL.

A large proportion of the cases have yielded very promptly to Merc. sol.

CHARACTERISTICS.

Stools very frequent but watery and scanty, occurring day and night, but more frequent at night; the stools may be green mucous and sometimes mixed with a little blood, or watery and colorless; tenesmus during stool occasionally, but more frequently colic pains just previous to stool, and some-

times after; occasional vomiting, but not for sometime after eating; cadaverous face, with sunken eyes and fontanelles; sometimes sour and clammy perspiration over the body; restlessness, with frequent drawing up of the feet and whining.

Merc. sol. has cured all such cases with me this summer. When the 200th potency has failed, I have had immediate and entire success with the 600th of this remedy.

BRYONIA.

There is another and still more alarming condition than the above, where the brain symptoms become so apparent that we are compelled to regard the condition of the bowels as of minor importance.

CHARACTERISTICS.

The child manifests much pain, with a frequent tossing of the hands to the head, which is very hot, especially in the occipital regions; pulse full and bounding, but not very rapid; boring the head back in the pillow, or tossing it continually from

side to side; eyes glassy and staring, and if the child is enabled to get any sleep at all, it is with the eyes half open; great sensitiveness to noise and light, the child's attention being drawn to every new object which presents. If the gums are swollen and one or more teeth in the effort to come through, the case is still more critical. The child is intensely thirsty and will drink till the stomach will hold no more; in this condition I allow the patient all the cold water it can take and the result is always beneficial.

In the above condition the child generally has green, watery stools, which, under other circumstances, might be controlled by *Merc. sol.*, but *Merc.* will not do here, *Bryonia* is the remedy and no one need hesitate to give it in the 200th potency. Not that this remedy alone will always effect the entire cure in such cases, but it will in most instances prevent the progress of the disease by quieting the nervous system, relieving the pain in the head and inducing sleep, which, under such circumstances, is absolutely necessary to prevent effusion of the brain, to which condition the child is rapidly approaching. One or more remedies, such as *Mercurius*, *Sulphur*, or *Belladonna*, may have to be given to complete the cure after *Bryonia* has controlled the alarming symptoms.

ARSENICUM.

Such cases as occur suddenly, and more frequently at night, *Arsenicum* is indicated under the following

CHARACTERISTICS.

Stools very frequent, watery, and

copious; sick at stomach, throwing everything off as soon as swallowed, especially water; desire to drink all the time; pale, sunken countenance and pointed features; patient sinking in an hour's time from comparative health to apparently approaching death, alarming the parents and attendants.

Arsenicum 200, or higher, will control such cases at once, and on the following day the parents will be surprised to find their child still living and moving, and in a rapid state of recovery. Should the physician, however, too quickly abandon the case as cured, and the parents, trusting to his judgment, suffer the child to run on for some time without an entire cure of the diarrhœa, an aggravation may occur and the physician is called again to find the patient in a still more critical condition, though not apparently so to persons unaccustomed to seeing this disease. Brain symptoms have set in and *Arsenicum* is no longer indicated, but some other remedy, which is far more difficult to properly select than was *Arsenicum* in the first instance, must be found in order to save the case.

PODOPHYLLIN PELTATUM.

Podophyllin peltatum is a remedy much lauded by some physicians in this disease, but I have seldom found it to answer in severe cases of cholera infantum.

CHARACTERISTICS.

Such symptoms as grating the teeth and rolling the head, with painful or painless diarrhœa of watery or slimy

stools containing indigested food, and prolapsus recti, are strongly-marked characteristics of this remedy, and in a milder grade of cases where such symptoms appear, but where there is no alarming brain trouble, and especially in diarrhœas of watery or indigested stools, very fetid, with a whitish meal-like sediment, and still more characteristic prolapsus recti, Podophyllin pel. is the remedy, and will probably cure more cases than any other, for the very good reason that we have more of such cases than of those of a more severe form.'

OTHER REMEDIES.

Veratrum alb., Magnesia carb., Jatropa cur., and many other remedies have important spheres in this disease, but as it is not our intention to

give a general treatise on cholera infantum at this time, but only a few notes that have been suggested by this summer's practice, we refrain from giving the symptoms of other remedies, but in conclusion wish to say that to attain the greatest success in cholera infantum, remedies should never be used in a lower potency than the 200th, and a still higher potency will often effect greater results. The higher potencies act more quickly and permanently and relapses are of much less frequent occurrence after their use, and still more to their credit, they will frequently control serious cases which cannot be reached by the lower potencies. I know whereof I speak, from a long experience with each class of potencies.

SKIN GRAFTING. -

BY LOUIS FAUST, M.D., SCHENECTADY, N. Y.

This method of closing ulcerated surfaces was probably introduced into surgery by Professor Hamilton, of New York, who was in the habit of using it a number of years ago. It has also been extensively used in France; but until within the last few years, not so extensively in this country.

It is used when an ulcer shows no signs of cicatrization, or even when the granulations are insufficient to fill it up; in the latter case it will cause excavated ulcers, so-called, to fill up

with healthy granulations, and to cicatrize.

The following case will illustrate the method commonly employed:

Mr. A. C., aged seventeen, came under my care June 30, 1876; he had been treated by four prominent Allopathic physicians. In February of the same year, while attending to a furnace in the cellar of the mayor's residence, a blast of gas threw open the furnace door and hurled him senseless into a scuttle of hot cinders which he had just removed from the

furnace. He lay there for several minutes, the cinders roasting his limbs so badly that when his clothes were removed pieces of flesh, weighing several ounces each, were removed with them, exposing the bones in several places. Both limbs and both hands were burned.

When the case came under my care, the burned parts were all filled up with healthy granulations, discharging a laudable pus. On the right leg it extended over the anterior and internal surface of the thigh, from just above the knee to within two inches of the anterior superior spinous process, covering half the circumference of the limb; on the left leg it extended over the same space as on the right, except that it extended about two inches below the knee and almost entirely encircled the limb; on left hand it covered the entire dorsal surface of hand and fingers, extending about three inches above the wrist; the right hand having been only slightly burned, was healed before the case came under my care.

I removed all dressings, and applied a solution of *Calendula* externally, and gave *Calendula* 3, internally. Under this treatment the edges showed signs of cicatrization, and in two weeks about one inch of skin had formed around the edge of the ulcer. I continued this treatment another two weeks, but with no result. I also gave an occasional dose of Sulphur 30 and Hepar sulph. 30.

Upon the suggestion of my former preceptor, J. C. Otis, M.D., I applied the leaves of *Sanguinaria canadensis*, for two weeks, but with very slight improvement.

Not being satisfied with the progress of the case, I decided to try skin grafting. I first tried, according to the suggestion, some of the dead epidermis, but failed. I then took from the arm of a brother-in-law of the patient, strips of skin about one line in breadth and one inch long, cut them into pieces one line in length and placed them (with the subcutaneous surface in contact with the granulations) about an inch apart on each limb, and covered the whole with cotton saturated with a solution of *Calendula*. In four days I removed the cotton and found that two-thirds of the grafts had taken, and in places where they had disappeared, I could see a change of color in the tissue where they had been, and in several days there were islands of skin forming in the ulcer. The grafts extended until their edges met, and in five weeks from the time I applied the grafts the legs were covered with integument. The left hand was gaining so fast, under *Calendula*, when I applied the grafts to the limbs, that it was decided to use no other treatment, and to my gratification it closed at the same time the limbs did.

June 13, 1877. He is now at work and can use his limbs as well as ever.

BOARDS OF HEALTH, THEIR SCOPE AND POWER.*

BY TULLIO S. VERDI, M.D., WASHINGTON, D. C.

[President of the Board of Health of the District of Columbia.]

Public hygiene is an important branch of general hygiene. Public and private hygiene differ only in the mode of application. Private hygiene regards the individual; public hygiene, society. This is apparently a new science. I say apparently, because the ancients, in periods of civilization and refinement, did not disregard it. The cloaca of Rome is a monument of ancient hygiene, one which, although twenty-five hundred years old, is in use now and indestructible. Recent discoveries in Syria and Jerusalem prove that the Mosaic sanitary laws were most religiously observed. It seems, however, that with the fall of Eastern and Roman civilization sanitary science perished. Public hygiene needs general facts, authentic statistics, positive studies and exacting measures. These studies of general facts and authentic statistics lead to the suggestion of sanitary measures to which every law abiding citizen ought to conform and should gladly obey. In studying the material as well as the moral and intellectual influences that affect the social structure, we must be led not only in the interest of common preservation,

but also in the amelioration of our kind in all the conditions of our existence. Public hygiene may be far from possessing all the materials necessary to solve all the questions under its domain, but well conceived statistics and reliable records will in the course of time throw so much light upon causes and effects, that future generations may draw from their teaching, lessons of incalculable benefit to the preservation and amelioration of the human family. The medical art and science is but a feeble protector when a community is invaded by a fatal disease as an offspring of neglected sanitary laws. Hundreds of instances might be cited to prove how powerless the medical faculty is to stay these scourges that decimate populations. Our own country, in very recent times, can illustrate the truth of this statement. We need not go to the Egyptian nor to the London plagues. New Orleans, Key West, Norfolk, San Antonio, Baton Rouge, Memphis, Nashville and Savannah are sufficiently suggestive. Yellow fever or cholera cast dismay and death among their benighted people too often for them to forget their recurrence. Diphtheria in Albany, scarlet fever, etc., in Chicago and other cities, are also factors of this problem. These plagues are never checked or con-

* This paper was read at the recent meeting of the American Institute of Homœopathy, at Chautauqua Lake, N. Y., and by a unanimous vote was referred to the journals with the request to publish it, and thus give it as wide a circulation as possible.

quored until sanitary science comes to the front and fights filth as the Indians fight the fires of the prairies. The sanitarian cleanses the city, regulates the markets and the sale of food, condemns and abates every nuisance injurious to health in spite even of the claims of property and of liberty. As in time of war or threatening conflagrations, the few must suffer that the many might live. It is well known that as a fatal epidemic approaches people ignorant of sanitary science become panic-stricken, abandon the sick, the dying and the dead, which become a further source of the profliferity of the virus, until the atmosphere, laden with the germs of disease, destroys a whole people. A current of air then takes clouds of these germs, carries them aloft and to other cities, until the scourge travels thousands of miles, leaving death and desolation in its track. To meet this terrible foe everything must be removed upon which it may find shelter and food. A people skilled in sanitary science, when threatened by such an incursion, clean streets, alleys, grounds and houses, remove all filth, prevent the sale of unwholesome food, have care for the sick and remove them from crowded localities, isolate those affected by contagious or infectious maladies, disinfect the premises, etc., so that when the invading foe arrives it meets at the very gates of the city, ozone, the great destroyer of animalculæ and germs, for ozone abounds where there is no filth or infusoria. The wars of the East generally engen-

dered the plague, but war in our New Orleans brought health. The yellow fever, almost perennial in that locality, found no favor in the administration of General Butler. If the general could not be killed by a bullet, he would not be killed by a mean worm or a low fungus. He placed an army in the streets, not armed with muskets, but with brooms, and removed everything in which this invisible but dangerous enemy could find aliment and opportunity for fermentation and procreation. Orders were peremptory, sentinels were not permitted to sleep at their posts; and if the dreaded enemy did come, it died where it fell, and to the horrors of war were not added the horrors of death, pestilence and famine. New Orleans, a city of death and fear during the careless times of peace, was a city of health during the war. This alone should demonstrate the fact that fatal epidemics are impossible in localities governed according to the dictates of sanitary science. Wherever you hear of a fatal epidemic in any city, believe me that city is badly governed; you will find in it faulty drainage and incapable sanitary police. The individual is either powerless or indifferent; it is a maxim that what is everybody's duty is nobody's duty. We are forced into that conviction by our every day's experience; hence we select to have governments whose prerogative is to attend to public duties. During the last thirty years communities have become aware that unless sanitary organizations are created, they would be

at the mercy of these recurring misfortunes.

France, in 1848, decreed that there should be established a "Consultation Committee of Public Hygiene," to which the government shall refer all matters connected with sanitary science, sanitary laws and sanitary improvements. Majendie was the first president of this organization, and from that time some of the most notable and scientific men of France have been honored with an appointment in its council. This committee subdivides its labors as follows:

1. Sanitary service of the exterior. This bureau sends sanitary agents abroad, and particularly into those countries where infectious diseases prevail; these agents keep the Paris committee informed of the irruption of any and every infectious or contagious epidemic likely to spread through commercial intercourse. The committee then takes the proper measures for quarantine, and sees that every vessel coming from that locality is provided with a clear bill of health. Thus the importation of disease is timely prevented.

2. A bureau for the organization and supervision of all the boards of health of the nation.

3. A bureau of epidemics and endemics whose duties are to study and suggest the means for their prevention or abatement.

4. A bureau of sanitary police.

5. A bureau of industrial and professional hygiene, having in charge

trades and arts injurious or dangerous to life.

6. Sale of food and drink—to prevent adulterations and the sale of unwholesome articles.

7. The practice of medicine and pharmacy—to prevent charlatans from imposing upon the credulity of the ignorant, and the putting up of recipes by incompetent pharmacists or their assistants.

8. Mineral waters—to make their analyses, and declare in what diseases they might be useful, so as to prevent the deceptive advertisements of the proprietors of the same.

9. Veterinary practice.

From this great council emanates all the sanitary laws, rules and regulations of the land.

This committee, however, is only advisory; but upon its suggestions and recommendations the government enacts the laws that regulate the nation.

In England they have a "General Board of Health" in the department of the interior, at the head of which is a so-called officer of health, or the health officer to Her Majesty's Privy Council. Through this board Parliament is advised of the sanitary condition of the country, and made acquainted with the measures required to improve the health of the same.

These systems, more or less modified according to the forms of government, are adopted by all the nations of Europe. Even Japan is creeping up with this sanitary progress, having

instituted an Imperial board of health. The members of this board visited our country last year for the purpose of investigating our sanitary methods. They were very much impressed with the thoroughness of the work in Boston and New York, but particularly in Washington. They returned determined to organize throughout their empire local boards of health subordinate to the Imperial. We have heard from them since their return, and they are at work in earnest.

The individual does not concern himself with the duties of the masses, hence these organizations are necessary. I know that there exists some distrust among the physicians of our school regarding these boards of health. They seem to fear an intrusion on the part of these boards upon their rights. When this question is sufficiently studied, however, this anxiety will prove to have no foundation in fact. I have no doubt—I know, indeed—that men, under the plausible title of boards of health, have arrayed themselves against the practice of homœopathy, but these are they who labor under defective legislative bills, and it behooves the homœopathic physicians to see that bills creating boards of health are not defective or vicious in their intent. When bills pass a legislative body containing clauses discriminating in favor or against any mode of practice, I know that homœopathic physicians have been recreant to their duties. There is no country in the world where civil rights are so jealously

guarded as in this blessed country of ours, and homœopathic physicians have only to be watchful and energetic in antagonizing any and every measure operating against their own rights, to find but few representatives who will dare to indorse an encroachment upon their rights as citizens and professional men. I never had any difficulty in getting to the willing ear of legislators, where my personal rights or those of my profession were invaded or ruthlessly cast aside. But, gentlemen, the elements of failure are in our own ranks. It is pitiful to see disputations arise in our midst as we stand confronting the enemy. We have the sad picture of Michigan before us. That noble state has done its duty; the homœopathic physicians have not done theirs. I cannot *qualify* here, although noble men have stood invulnerable when others have skulked or created confusion. Intelligent men know whom to blame and whom to praise. The rent that took place in the homœopathic files in that state was not done by the enemy's projectiles, but by the egotism and selfishness of our own men. While lovers are quarreling, Mephistopheles is brimful of diabolical laughter. Whenever a homœopathic physician declines to labor in the interest of our profession, whenever he becomes fractious and speculates on his own chances, spot him; he is a black sheep in the fold. There are those among us, also, who, satisfied with their share of public patronage, never contribute by an act or by a word to the ad-

vancement of our profession. These "dogs in the manger" should be driven from the fellowship of those who love their profession not only for the benefit it brings to themselves, but for the great good of the whole confraternity and of humanity.

HYGIENE.

Hygiene is the science that has relation to the prevention of disease. To comprehend hygiene, it is requisite that the hygienist be learned in all the causes that disharmonize the functions of vital organs or disturb the human economy. The atmosphere should at once demand his careful attention, for from the atmosphere nothing can escape; without atmosphere the animal and vegetable kingdoms must perish. But the atmosphere varies sometimes in accordance with physical laws and astronomical events, sometimes by accidental causes. The temperature is of importance, for a transition from extreme heat to cold, and *vice versa*, constitutes sudden forces, modes of motion that are dangerous to the tenuity and normality of the action of membranes and organs; dry and moist atmosphere, atmospheres in different degrees of motion, all tend to increase or decrease molecular force in our body; hence pure atmosphere, or atmospheres holding in suspension mephitic gases, fungi or infusoria play a great part in the maintenance or destruction of life. It may be said, and with truth, that nine-tenths of all the causes producing disease are found to exist or are carried in the atmosphere we breathe. As fish inhale and float

in water, so we inhale and float in air. The quality of water has certainly relation to the life of fish; polluted water kills the fish, polluted air kills man. What pollutes air, then? Every mouth that breathes, everybody that inhales, all animal and vegetable matter in a state of decomposition, the home fire, the burning candle, and a thousand and one other things pollute the air. People gather in towns and cities, but they do not go alone; horses, cows, hogs, poultry, dogs, cats, etc., are brought with them to assist in the great struggle for existence. Every such animal, man included, is a nuisance *per se*. But to this must be added also their daily avocations, their trades and manufactures, as rendering of fats, boiling bones, making glue, gas, slaughtering animals, etc., etc. Every such animal and every such occupation increases filth, that accumulates in streets, alleys, vacant grounds and cesspools. If you add to this a moist undrained soil, you have the foundation of every disease that humanity may be destroyed by. These are the causes that induce zymotic diseases and that swell the general mortality from twenty-five to thirty per cent. independently of epidemics. In the towns of Asia and Africa, where people are congregated in narrow areas, where drainage is not known and filth is cast on the highways, where water is scarce or neglected, where houses are damp and ill-ventilated, germs of disease not only find a pabulum but a condition most favorable to fermentation and repro-

duction. From these regions came the most fatal epidemics that alarmed Europe.

WATER.

The supply of water is another very important department of hygiene. Man needs this agent for nutrition and for cleanliness; it should be plenty and pure. Deleterious substances in water may be even more dangerous to human life than deleterious substances in the air. England in her self-sufficiency, and engaged largely in manufacturing, had lined her streams with mills and turned the offal of the towns into the rivers, and in the course of time she had polluted her potable waters. A cry of despair went up, and the sanitarians were requested to correct the evil. Untold millions were spent to purify the Thames and other rivers; immense waterworks were constructed to carry water from remote and healthy sources; enormously expensive filter-beds were laid, and a great channel was built into which is pumped the sewage water of London. So the disregard of sanitary science has cost England many millions of money and many valuable lives.

SEWAGE.

That majestic river that carries industry and commerce through many of our fertile states, the Mississippi, would soon become a cesspool and a source of evil if its banks should become covered with a people that its very utility attracts, and the offal therefrom should be cast into its channel. The streams of New England,

whose banks swarm with an industrious and advanced people, would be depopulated and deserted if the denizens had not found means to bring unpolluted water to their towns. It is also a debatable question whether the expensive sewers that now under-tunnel our modern cities are for good or for evil. Sanitarians are loth to praise the system, for besides polluting the water-courses, and thus extinguishing a most valuable article of food, the fish, communications with the sewers are direct means to carry sewage gases into our dwellings. Mechanics have not been very successful in the total prevention of the introduction of these gases into our streets and houses, for these channels must have ventilation to prevent explosions from pressure, yet every opening so made gives exit to deadly sulphuretted hydrogen, ammonia, and carbonic acid gas. The higher the dwelling, the higher the locality upon which it stands, the more exposure to this influx of gases, for sulphuretted hydrogen is lighter than air, and therefore ascends to the highest elevations. Moreover, these offals so despised are sources of wealth, and public economy should teach how to utilize them instead of casting them where they can only be a source of danger to human life. Already a great progress is going on in this direction, and I hope that the time is not far distant when every ounce of such excretions and *debris* will be zealously preserved for the fertility of our fields.

FOOD.

Food is another department of great importance to animal existence. To be useful it must be wholesome and moderate. Persons engaged in this traffic are not so particular as to the excellence as they are to the price. But few butchers would bury the carcass of an animal whose meat is found to be unsound after slaughtering; the love of money will hush the pangs of conscience, and diseased meat is found exposed for sale on the vendor's shambles. The inspection of all markets is an imperative duty of sanitary authorities. In the city of Washington, where boast is made of the excellence of the markets, the board of health has, in the last five years, condemned and destroyed 122,601 pounds of various meats, 8,114 chickens and birds, 28,691 bunches of fish, 28,479 bushels of oysters, 188,000 clams, 171,390 crabs, many tons of vegetables, and many hundred barrels of eggs, etc., as unfit for food, which, but for its vigilance, would have found their way into the stomach of our people.

VITAL STATISTICS.

Another very important department connected with sanitary science is the registry of vital statistics. In the concise words of a registrar:

"The practical result of this registration and the rules of its departments is to place under immediate observation the number of deaths occurring in a given district, the cause and locality of each, enabling the sanitary board to arrest the spread and progress of epidemics, endemics, contagious or infectious diseases, and promptly abate existing causes of

preventable maladies, the preservation of records for testamentary evidence, and to bring all cases of death under immediate official observation for the prevention and detection of crime. To secure this, a mandatory law is necessary, for physicians and undertakers often neglect to make the proper returns. Our experience in our city was that at least thirty per cent of the dead were not returned under the old system. But we petitioned congress for a law forbidding the burial or disinterment of bodies without a permit from the board of health. The law was enacted, and since then we are able to account for every dead person in the District of Columbia. It was mortifying to our pride as a board and as citizens not to be able to furnish persons and foreign governments with records of deaths for testamentary evidence. No well-regulated community can afford to thus disregard the interests that are involved in questions of inheritance. Yet to-day there are not half a dozen cities in all the United States where a perfect registry of vital statistics is kept. These records are not only valuable in the prevention of local diseases, but in the comparative statistics that lead to the knowledge of the healthfulness not only of cities but of states and of countries."

All the above duties devolve upon sanitary authorities or the so-called boards of health.

Boards of health, to be useful, must have the authority of law, and be independent of local legislation, for those who are affected by the wise provisions of these boards, either in their interests or their peculiar sense of individual rights, throw all the obstacles in the way of the exercise of these boards' prerogatives. Members of boards of health should be men of science, of independence, free from all prejudices, religious, political, or medical; they should be learned

humanitarians, whose sole aim is the preservation of human life.

Homœopathic physicians, hygienists by virtue of their peculiar practice, should not fear boards of health. For six years I have stood alone in a council of four allopathic colleagues, two of whom are physicians. I have been their secretary, their health officer, and I am now their president. I have had my struggles, and greater than you even can imagine, but I would not have the rights of my profession trampled under foot, and I fought until I won. In the state of New Jersey, the homœopathic physicians would submit to no chance of evasion, and demanded that it shall be explicitly

expressed in the law creating a state board of health, that at least one homœopathic physician be a member of the same, and they won, and Dr. J. J. Youlin, of Jersey City, was selected and appointed. In Keokuk, Iowa, we have another distinguished member of our school, Dr. Seidlitz, as the president of the board of health. So, gentlemen, let us move forward, let us not decry boards of health, hospitals or asylums, but let us demand a fair representation. Let us work with unanimity; let not that hydra, envy, rise amongst us, and the time will come when we will have conquered a peace, honorable, glorious and everlasting.

LAPIS ALBUS.

In the *Northwestern Annalist* for July, Dr. Cartwright says, "I have treated several undeveloped scirrhus tumors, and two cases of epithelial cancer of the lip, with this remedy, using Glycerin 1 oz. and Carbolic acid gutt. v. as an external application to the latter." He relates the following:

"Miss E. A. McC. consulted me in the fall of 1874 for cancer of the left mamma. Between the nipple and axilla was an open, sloughing sore, about two or three inches in diameter. Miss McC. informed me that she had been treated in Indianapolis, the previous spring, for cancer. But failing to receive benefit had gone to Chicago for the purpose of sub-

mitting to amputation; but on examination by the faculty of one of the medical colleges there, was told it was useless and came here to die."

In December, 1874, Dr. C. commenced treating the case with Carb. ac. 30, using topically the Glycerin and Carb. ac.; under this treatment general health improved and weight of body increased, but no perceptible diminution of sore. At the next visit found she had poulticed with sorrel, which caused a piece of fungus to slough off. The remedy was then changed to Lapis albus 6x, continuing the dressing. In December, 1875, she wrote that her breast was healed and that she was perfectly well.

HOMŒOPATHY ILLUSTRATED.

SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrators and forward them to the editor.

1.

SANGUINARIA SICK-HEADACHE.

J. P. Mills, Chicago.

Mrs. H., a very fleshy lady of fifty years, nearly passed the climacteric, complained of a distressing "sick-headache" hanging about her for years. In some degree the symptoms were almost always present. A typical headache would commence in the forenoon, gathering violence with the hours, until sunset, when it would quietly subside, or else would confine her to her bed for a day or two. The pains originated low in the occiput, drawing upward in rays, locating over the right, sometimes the left, eye, attended with vomiting—often vomiting of bilious matter. She was subject to sudden flushes of heat, burning of the soles of the feet, and that singular symptom noted in Hale's third edition, "a quickly-diffused transient thrill"

felt at the remotest extremity. At times she had sensible throbbing of every pulse in the body. The urine was generally scanty before and during the severe headache, but quantities of clear urine would pass away when getting better.

Prescribed Sanguinaria 200, six pellets night and morning for a week. Eight months afterward patient reported, relief from the *first dose*, during the week *complete relief*, and from that time until now, not a vestige of the old complaint has shown itself, neither the flushes, burning of the soles, electric thrill, or headache.

We have, then, as prime symptoms of Sanguinaria:

1. Sick-headache, pains drawing upward in rays, from the occiput, locating over the right eye.
2. Flushes of heat.

3. Burning of the soles of the feet.
4. A quickly-diffused transient thrill felt at the remotest extremity.
5. Scanty urine; the headache passing off with the flow of large quantities of clear urine.

REMARKS.

1. Sanguinaria for usefulness at the critical age, should be classed with Lachesis and Sulphur.

2. Sun headaches, i. e., those increasing in violence with its ascent, decreasing as it declines, are generally preceded by *scanty urine* and pass off attended by *profuse flow of clear urine*, which symptom I regard as a "key-note" for Sanguinaria.

3. The habit of recurring sick-headache is sometimes produced by the habitual use of green tea; this fact was suggested in an article written by Dr. R. R. Gregg.

4. I have radically cured cases by proscribing its use. In each case a cup of *strong tea*, it was argued, would give *temporary* relief.

2.

SANGUINARIA HEADACHE.

J. P. Mills, Chicago.

Mr. W., railroad engineer, was taken early in the morning with headache and nausea, the symptoms increasing hour by hour. At 4 P. M. the pain and distress had reached such a highth that, fearing "brain fever," I was summoned. I found the patient on the bed groaning and writhing in agony, face very red, head hot, injected eyes, sensitive to light. The

arteries about the head and in the scalp were distended like whip-cords, the blood coursing through them at a furious rate, giving a sensation to the hand as if the scalp and temples were alive with irrepressible pulsation. The pain was *over the whole head*; paroxysms of retching occurred every few minutes with such violence that I feared rupture of blood vessels.

I prescribed Belladonna 200, in water, every half hour. Called four hours later, found patient no better. Gave Glonoine 2d centesimal, in water, every half hour, to be followed, if not better in two hours, by Bryonia 30. At midnight a messenger came saying that Mr. W. was wildly delirious, with no abatement of symptoms. I sent Sanguinaria 200, to be given the same as the preceding. Fifteen minutes after the first dose, symptoms began to abate; in an hour and a half, he fell into a quiet slumber for a little time, awaking quite relieved from the acute pain, but an intense soreness continued for two or three days, which compelled him to keep quiet or to walk with great circumspection.

REMARKS.

This man was subject to ordinary sick-headache, I knew that they passed off with free flow of clear urine, that he being an engineer would be subject to kidney trouble, yet the violence of the symptoms and the patient's inability to describe particular sensations diverted me from the consideration of the Sanguinaria at first. This headache, by the way,

passed off with the characteristic flow of urine.

3.

OPIUM IN CONSTIPATION.

R. M. Foster, Chicago.

Mrs. —, aged fifty-six, had suffered from constipation to such a degree that she had not had an evacuation of the bowels without enemata or purgatives *for twenty years*. During the last few years purgatives had so far failed that copious enemata were alone used. She had occasionally passed one and even two weeks without any interference with the bowels, hoping that, in time, Nature would bring relief. But the *vis medicatrix* invariably failed.

Now if there is any medicine that may be relied upon to induce obstinate constipation, that medicine is Opium. I therefore prescribed for this lady, Opium 200, ten pellets on retiring, no other medicine to be taken, and the bowels not to be interfered with otherwise, for three days before taking this dose, nor for three days afterward. She was entirely destitute of "faith," a frame of mind which I have been led to regard as most favorable for the operation of these medicines, certain opinions to the contrary notwithstanding.

Eighteen hours after taking her appointed dose, she had a diarrhetic movement of the bowels of considerable violence. No more movement then for three days. She repeated the medicine. Her bowels again moved the next day, and have moved

naturally without any interference every day since, that is, for ten years.

4.

CANNABIS INDICA IN PETIT MAL.

R. M. Foster, Chicago.

This same patient (3) was also an epileptic, and had been for forty years. Her treatment during that period I intend one day to publish as a curiosity merely. It is something wonderful.

She had one unfailing premonition of an approaching attack, which was a feeling of extraordinary mental and physical vigor—an almost ecstatic exaltation of all the powers of mind and body. Her account of this premonitory condition reminded me of my own sensations when taking Hasheesh, as I once did for experiment. I prescribed Cannabis Indica, therefore, about one-tenth of a drop at a dose, a dose every hour when she felt "exalted." It is now nearly three years since she commenced the use of the Cannabis, and she has had but one slight seizure during that time, whereas before taking the Cannabis she had about thirty annually.

5.

CANNABIS INDICA IN MENTAL DEPRESSION.

R. M. Foster, Chicago.

The action of this drug in the preceding case (4) led me to its use in another of a very different character.

A lady of unusual refinement and intelligence had overworked a delicate nervous organization, until her nervous depression and distressing fears

of an imaginary character, amounting almost to delirium (which she described with painful exactness), had rendered her a secluded invalid for two years. Unable to work, to read, to write, or to see company, she yet understood her own condition perfectly, and deplored it with a sad cheerfulness that was full of appeal.

She took Cannabis 3x, a small powder once in two hours, less frequently when improving. Improvement of all the symptoms commenced immediately, and continued without interruption until four drachms of the medicine had been taken, when she felt able to dispense with it, and has continued in good health *ever since*—a period of four months.

6.

LAUROCERASUS IN DYSENTERY.

Dr. H. Foster, Chicago.

Mr. M.,—, aged forty, is subject to annual attacks of dysentery, for which I have attended him three years in succession. His last attack was of unusual violence, and the *ensemble* of symptoms was extremely puzzling, being of an unusual character. I therefore set about a careful study of the symptoms. In despair of anything more satisfactory to my own mind, I had about concluded to give Arsenicum, when he remarked that every teaspoonful of fluid that he drank, and even the *teaspoonful* doses of liquid medicine that he had been taking, instantly renewed the pain in the hypogastrium. In fact, he said, the liquid seemed to roll right down

to that spot, *he could hear it gurgling all the way down*. His wife, who was present, said there could be no doubt about that. I immediately prescribed Hydrargyrum acd 3x, one drop at a dose, a dose every hour until improvement set in, then less frequently. The pain diminished after the first dose. The passages which had for twenty-four hours occurred about once in half an hour, ceased wholly after the first dose and the patient made a rapid recovery.

I cannot close without paying a public tribute of respect to the author of "*Bell on Diarrhoea, Dysentery,*" etc., from whose pages this last prescription was learned. For simplicity, accuracy, and real therapeutic value, this little book, in my estimation, is unsurpassed in homoeopathic literature.

7.

VERATRUM VERIDE IN ERTSIPHELAS BULLOSUM.

J. W. A. Shaw.

S. W., girl, aged six years. Right eye completely closed from inflammation and swelling of the upper lid; half of the forehead and most of the scalp on the same side inflamed and covered with large blisters; much pain in the parts, the exact nature of which was not ascertained; restless; almost sleepless; fever; headache; tongue coated a dirty yellow; breath offensive; no appetite; at times considerable thirst, but not constant; nausea lasting from one to two and three hours, then leaving, after varying intervals of time coming again; solid

vomiting, when it did occur it was of the water drunk.

The usual remedies were well tried, with very trifling benefit. Nausea unchanged. *The nausea in connection with the fever of erysipelas and headache* suggested Veratrum veride. The 3x was given, in water. Its action

was prompt, rapid, and decisive. In twenty-four hours all disagreeable sensations were gone, swelling reduced one-half, no fever, appetite returned. The Veratrum was continued a day or two longer, no other visit or medicine necessary.

"DENTAL" AS RELATED TO "GENERAL" PRACTICE.

BY GORTON NICHOLS, CHICAGO.

II.

"Neuralgia" is frequently a very broad term, often used in a sense whose signification extends from any simple nervous disturbance over a wide range of morbid conditions to a specific lesion of nerve tissue itself, and it is often extremely difficult, and sometimes altogether impossible, to correctly diagnosticate its pathology, while the "grouping of symptoms" occasionally becomes but a dignified method of "going it blind."

In the treatment of neuralgia the physician, the dentist, and *all concerned*, are (or should be) brought into intimate relationship, the development of professional insight and acumen depends *so much upon daily practice and observation in specific and restricted fields of inquiry*, that, in the very nature of things, the dentist should have much on this head to impart to the practitioner, and *vice versa*.

In persons suffering from the effects of malarious poison the teeth are

involved, occasionally, in a peculiar form of periosteal inflammation, manifesting itself not infrequently in neuralgic pains. The physician dealing daily with "malaria," should be expected to recognize these effects of its influence, and to be more familiar with the treatment indicated, than the dentist, although the latter may be, as is frequently the case, the first one called upon by the patient for relief; per contra in the so-called "Rigg's disease"—an ulceration of the gums and a breaking-down from consequent inflammatory action of the alveolar process—the neuralgia, or sensation of pain, may be, and sometimes is, identical with some of the malarious cases, yet the dentist (if he knows his duty at all) certainly, in reason, should be expected to recognize this condition sooner, and to treat it more successfully, than the general practitioner. So in many instances *pro and con*.

I had awhile since a somewhat peculiar case:

A gentleman called one morning to have the four central inferior incisors extracted to relieve him from an attack of severe neuralgia. The teeth and their attachments were, to all appearances, in a perfectly normal condition, as seemed, indeed, the entire dental apparatus. The individual himself also appeared in good general health, never had had "ague," been "salivated," nor given to excess of any kind (quite a model?), of a sanguine-nervous temperament, in the prime of life, a husband and a father, in active employment, and I should judge, "well to do." What on earth caused his neuralgia? I confess I was at first considerably puzzled to determine. But upon following up my inquiries, found that during the

second night preceding his call at my office he had awakened about 3 A. M. considerably chilled from lack of covering, and in answer to questions he recalled the fact that he had noticed a considerable soreness about the bowels, which lasted him the major portion of the following day. Upon this I diagnosticated the case as reflex action of congestion of the bowels. I refused to extract the teeth, which he persistently insisted upon having done, prescribed Gelsemium fl. ex. s. gtt. in aqua, to be taken hourly three times, ordered the patient home and into a full hot-bath, with directions for proper attendance, after care, etc., and in the course of the half day, as I afterward learned, he experienced entire relief.

EDITOR'S CABINET.

MUCH has been said and written concerning the "State Board of Health," its practicability and its duties. The subject has been so ably discussed by Tullio S. Verdi, president of the board of health of the District of Columbia, in the present number, that we do not care to multiply words except to give a hearty endorsement to the article and to commend the wisdom embodied in the act of our legislature. We trust this law will not share the fate of some others and remain practically a dead letter, except to its officers, legalizing state plunder "salarywards." Great is the necessity for this act, of still greater prominence is the need for the section regulating the practice of uedicine. The loose manner in which poisons are vended, and the ignorance with which dangerous drugs are admin-

istered, is notorious. To our personal knowledge has medicine (?) been given to a child so *strong* that a few drops accidentally spilled on the nurse's dress, while forcing the draught on the patient, destroyed the fabric, absolutely leaving a *hole*. This child died of scarlet fever (?). Two cases of liver cirrhosis have come under our care having a drug record preceding them that was *perfectly horrible*, the poor victims describing their agonies after each potion to be so great that death itself would have been a glad exchange, indeed to anything but ignorance the wonder would be that the exchange was not made of necessity, yet deluded by the doctor (?) and urged on by their friends, the poor sufferers took the deadly draughts until wrecked beyond human aid. Such instances are not so very rare, es-

pecially in the cities. Does not humanity cry out for deliverance from such charlatanism! This law put to its full effect can but fulfil a glorious mission in medicine and in humanity.

WE WISH to present a few thoughts on the prophylaxis of scarlet fever. We have no confidence in Belladonna as a prophylactic for this disease in all its varieties and in all constitutions. We have confidence, however, in its prophylactic virtues against the *Belladonna scarlet fever*. Being used in homœopathic doses, our conclusions are rationally reached by bringing our law to bear upon the case, "*similars are cured by similars*." Practically, we have noted this: 1st, that where we have given Belladonna, in some instances our patient has been overtaken by the fever; 2d, that in these cases Belladonna was not a useful remedy in their treatment; 3d, that children of the same parents, surrounded by common influences, are apt to take the same form of fever, and if Belladonna is indicated in the first case it can, if not too late, be relied upon as prophylactic for the other children. The strong point in my observations being this, that in no case where Belladonna was given as prophylactic and failed, was its use called for in the case. There is this difficulty in

finding a specific, either in a prophylactic or a curative sense, viz., a disease loses its general character, as described in the books, the moment it enters a particular constitution, it then takes on an individuality dependent on the idiosyncrasies of the constitution through which it is passing. Experience having taught us that we cannot *ignore constitutional symptoms, and trust alone to the name of disease or to its pathology*, as a basis of prescription, is it not rational that there can be no specifics for *disease*, only for persons. To be sure, in epidemics where the epidemic influence is exceedingly strong, the form of disease may be determined for the masses, and the one remedy be as general in its usefulness on the same principle as the controlling effects of Kali bromatum are similar in various cases of poisoning by Strychnia. As to the prophylactic influence of milk, we do not think the ground is well taken, scarlet fever being predominantly a disease of childhood, as rarely attacking infants as it does adults.

WE HOPE all our friends will remember "Homœopathy Illustrated"; that instructive matter will not be lacking while hundreds of cases are daily receiving their "similar."

MEDICAL MEMORANDA.

AN ACT TO REGULATE THE PRACTICE OF MEDICINE IN THE STATE OF ILLINOIS.

IN FORCE JULY 1, 1877.

SECTION 1. *Be it enacted by the People of the State of Illinois, represented in the General Assembly*, That every person practicing medicine, in any of its departments, shall possess the qualifications required by this act. If a graduate in medicine, he shall present his diploma to the state board of health, if such board of health shall be established by law, or board of examiners herein named, for verifica-

tion as to its genuineness. If the diploma is found genuine, and if the person named therein be the person claiming and presenting the same, the state board of health, if such board of health shall be established by law, or the board of examiners shall issue its certificate to that effect, signed by all the members thereof; and such diploma and certificate shall be conclusive as to the right of the lawful holder of the same to practice medicine in this state. If not a graduate, the person practicing medicine in this state shall present himself before said board and submit himself to such examination

as the said board may require, and if the examination be satisfactory to the examiners, the said board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein named.

SEC. 2. In case a state board of health shall not be established by law, then each state medical society incorporated and in active existence on the First day of July, eighteen hundred and seventy-seven (1877), whose members are required to possess diplomas or licenses from some legally chartered medical institution in good standing, shall appoint, annually, a board of examiners, consisting of seven members, who shall hold their offices for one year, and until their successors shall be chosen. The examiners so appointed shall go before a county judge and make oath that they are regular graduates or licentiates, and that they will faithfully perform the duties of their office. Vacancies occurring in a board of examiners shall be filled by the society appointing it, by the selection of alternates or otherwise.

SEC. 3. The state board of health, if such board of health shall be established by law, or board of examiners, shall organize within three months after the passage of this act; they shall procure a seal, and shall receive through their secretary applications for certificates and examinations. The president of each board shall have authority to administer oaths, and the board to take testimony in all matters relating to their duties. They shall issue certificates to all who furnish satisfactory proof of having received diplomas or licenses from legally chartered medical institutions in good standing. They shall prepare two forms of certificates, one for persons in possession of diplomas or licenses, the other for candidates examined by the board. They shall furnish to the county clerks of the several counties a list of all persons receiving certificates. In selecting places to hold their meetings they shall, as far as reasonable, accommodate applicants residing in different sections of the state and due notice shall be published of all their meetings. Certificates shall be signed by all the members of the board granting them, and shall indicate the medical society to which the examining board is attached.

SEC. 4. Said state board of health, if such board shall be established by law, or board of examiners shall examine diplomas as to their genuineness and if the diploma shall be found genuine as represented, the secretary of the state board of health, if said board of health shall be established by law, or board of examiners, shall receive a fee of one dollar from each graduate or licentiate, and no further

charge shall be made to applicants; but if it be found to be fraudulent or not lawfully owned by the possessor, the board shall be entitled to charge and collect twenty dollars (\$20) of the applicant presenting such diploma. The verification of the diploma shall consist in the affidavit of the holder and applicant that he is the lawful possessor of the same, and that he is the person therein named. Such affidavit may be taken before any person authorized to administer oaths, and the same shall be attested under the hand and official seal of such officer if he have a seal. Graduates may present their diplomas and affidavits, as provided in the act, by letter or proxy, and the state board of health, if such board shall be established by law, or board of examiners, shall issue its certificate the same as though the owner of the diploma were present.

SEC. 5. All the examinations of persons not graduates or licentiates shall be made directly by the board, and the certificates given by the board shall authorize the possessor to practice medicine and surgery in the state of Illinois.

SEC. 6. Every person holding a certificate from a state board of health, if such board be established by law, or board of examiners, shall have it recorded in the office of the clerk of the county in which he resides, and the record shall be endorsed thereon. Any person removing to another county to practice shall produce an indorsement to that effect on the certificate from the county clerk, and shall record the certificate in like manner in the county to which he removes, and the holder of the certificate shall pay to the county clerk the usual fees for making the record.

SEC. 7. The county clerk shall keep, in a book provided for the purpose, a complete list of the certificates recorded by him, with the date of the issue and the name of the medical society represented by the state board of health, if such board of health shall be established by law, or board of examiners, issuing them. If the certificate be based on a diploma or license, he shall record the name of the medical institution conferring it, and the date when conferred. The register of the county clerk shall be open to public inspection during business hours.

SEC. 8. Candidates for examination shall pay a fee of five dollars (\$5), in advance, which shall be returned to them if a certificate be refused. The fees received by the board shall be paid into the treasury of the medical society by which the board shall have been appointed, and the expenses and compensation of the board shall be subject to arrangement with the society.

SEC. 9. Examinations may be in whole or

in part, in writing, and shall be of an elementary or practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

SEC. 10. The state board of health, if such board of health shall be established by law, or board of examiners, may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes. In all cases of refusal or revocation the applicant may appeal to the body appointing the board.

SEC. 11. Any person shall be regarded as practicing medicine, within the meaning of this act, who shall profess publicly to be a physician and to prescribe for the sick, or who shall append to his name the letters "M.D." But nothing in this act shall be construed to prohibit students from prescribing under the supervision of preceptors, or to prohibit gratuitous services in cases of emergency. And this act shall not apply to commissioned surgeons of the United States army or navy.

SEC. 12. Any itinerant vender of any drug, nostrum, ointment, or appliance of any kind, intended for the treatment of disease or injury, or who shall, by writing or printing or any other method, publicly profess to cure or treat disease, injury or deformity by any drug, nostrum, manipulation or other expedient, shall pay a license of one hundred dollars (\$100) per month to be collected in the usual way.

SEC. 13. Any person practicing medicine or surgery in this state without complying with the provisions of this act, shall be punished by a fine of not less than fifty dollars (\$50), nor more than five hundred dollars (\$500), or by imprisonment in the county jail for a period of not less than thirty days, nor more than three hundred and sixty-five days, or by both such fine and imprisonment, for each and every offense; and any person filing or attempting to file, as his own, the diploma or certificate of another, or a forged affidavit of identification shall be guilty of a felony, and upon conviction, shall be subject to such fine and imprisonment as are made and provided by the statutes of this state for the crime of forgery; but the penalties shall not be enforced till on and after the thirty-first day of December, eighteen hundred and seventy-seven: *Provided*, That the provisions of this act shall not apply to those that have been practicing medicine ten years within this state.

ITEMS OF INTEREST.

Part III. of Hoyne's Clinical Therapeutics is now in press and will be ready for delivery September 10th to 15th.

The subscription list of the HOMŒOPATHIST now exceeds 2000 monthly—more, we believe, than *any* similar publication.

The Eighteenth Annual Announcement of the Hahnemann Medical College and Hospital has just been received. It contains a complete list of the Alumni of the college.

A review of Dr. Carroll Dunham's Collection of Papers, recently issued, has been delayed till our October issue, for want of space. The book is noticed in our advertising pages.

Dr. Asa S. Couch, of Fredonia, N. Y., a practitioner of over twenty years' experience, has consented to occupy the chair of Special Pathology and Diagnosis in Hahnemann Medical College of Chicago.

Dr. W. H. Dickinson, of Des Moines, Ia., will occupy the chair of Practice, and Dr. A. C. Cowperthwait, of Nebraska City, Neb., that of Materia Medica, in the Homœopathic Department of the Iowa University.

Active preparations are being made at the Chicago Homœopathic College for the coming winter session. The lecture and dissecting rooms have been refitted, and will be models as regards the comfort and convenience of students. From present indications the coming class will be large. It is stated that they have more three-course students than any homœopathic college in the west.

PERSONALS.

Dr. J. P. Rhoads has removed from Buchanan to Bedford, Iowa.

Dr. Pitcher, has removed from Marseilles, Ill., to Sheboygan Falls, Wis.

Lizzie P. James, M.D., has removed from Springfield, Mo., to Decatur, Ill.

Dr. Chas. E. Pinkham has changed his abode from Rochester, N. Y., to Woodland, Cal.

Dr. C. E. May has removed from Minneapolis, Minn., to Alexandria, Douglas county, of that state.

Dr. G. S. Schuricht, of New Orleans, has changed his place of residence from 10 South Rampart to 150 Canal street.

A postal addressed to Dr. D. A. Towner, Lyons, Iowa, has been returned endorsed, "He has been dead 20 years."

Dr. Wm. C. P. Butman is at Hartford, instead of Unionville, Putnam county, Mo., as recorded in the homœopathic directories.

An announcement of the removal of Dr. J. W. M. Hawes should have read "from Delavan, Wis., to Oskaloosa, Iowa, and is there associated with Dr. Coffin."

Subscription: Two Dollars a Year, Twenty cents a Number.

AMERICAN HOMŒOPATHIST

A MONTHLY JOURNAL OF
MEDICAL, SURGICAL AND SANITARY SCIENCE.

J. P. MILLS, M.D., Editor.

125 Western Avenue, Chicago.

IN EXCHANGE

Vol. I.

OCTOBER, 1877.

No. 4.

CONTENTS

REVIEW OF VARIOUS AUTHORITIES ON LEUCORRŒEA. <i>H. V. Miller</i> . . .	121
CARCINOMA OF THE LIVER WITHOUT ENLARGEMENT OR ROUGHENING. <i>Chas. Gatchell</i>	125
B. YOUNG	126
CLINICAL CASES FROM PRACTICE. Illus- trated. I. <i>C. H. Vilas</i>	127
JABORANDI. <i>E. A. Farrington</i> . . .	131
HOT SPRINGS, ARK. <i>Geo. D. Streeter</i>	132
PARTURITION NOT NECESSARILY PAIN- FUL	133
PRESIDENT'S ADDRESS. <i>S. J. Martin</i>	134
TWO CASES OF THROMBOSIS OF THE LEFT MIDDLE CEREBRAL ARTERY. <i>C. W. Boyer</i>	138
ALSTONIA CONSTRICTA.—A NEW REM- EDY. <i>Augustus Cathcart</i>	142

NEW PUBLICATIONS	144
Homœopathy the Science of Ther- apeutics.—Therapeutics of Diphther- itis.	
SURGICAL CLINIQUE. I. <i>Charles Adams</i>	147
Gonorrhœa.	
HOMŒOPATHY ILLUSTRATED	151
8. Gamboge Diarrhœa.—9. Aloes in Dysentery.	
"DENTAL" AS RELATED TO "GENE- RAL" PRACTICE. III. <i>Gordon Nichol</i>	153
EDITOR'S CABINET	154
MEDICAL MEMORANDA	156
Puerperal Thermometry.—Corres- pondence.—Koumiss.—A Prescription Fit for Ye King.—Homœopathic Med- ical Society of the State of New York. —Personals.—Little Red Riding Hood.—Items of Interest.	

A. L. CHATTERTON AND COMPANY,
PUBLISHERS,

37 Park Row, New York.

121 Dearborn St., Chicago.

CHICAGO

Homœopathic College

LEGALLY CHARTERED
BY THE STATE OF ILLINOIS IN JUNE, 1876.

WINTER TERM.

The Winter Session of 1877-8 will open on October 3d. and continue twenty-six weeks. This College has a full corps of experienced professors, each of whom devotes special study to the branch he teaches. Particular instruction is given in all practical branches, with abundant illustration from the largest Homœopathic medical, surgical, and obstetrical clinic in the west.

FACULTY AND TRUSTEES.

- | | |
|---|---|
| GEO. E. SHIPMAN, A.M., M.D., Emeritus Professor of Materia Medica. | W. H. WOODYATT, M.D., Professor of Ophthalmology and Otology. |
| H. P. GATCHELL, A.M., M.D., Emeritus Professor of Physiology and Hygiene. | E. M. HALE, M.D., Professor of Materia Medica and Therapeutics. |
| RODNEY WELCH, A.M., M.D., Emeritus Professor of Chemistry and Toxicology. | A. W. WOODWARD, M.D., Professor of Analytical and Comparative Materia Medica. |
| LEONARD PRATT, M.D., Emeritus Prof. of Special Pathology and Diagnosis. | E. H. PRATT, A.M., M.D., Professor of Anatomy. |
| J. S. MITCHELL, A.M., M.D., Professor of Theory and Practice in Clinical Medicine. | J. R. KIPPAK, LL. 'B., M.D., Professor of Dermatology and Medical Jurisprudence. |
| ALBERT G. BEEBE, A.M., M.D., } Prof. | R. N. TOOKER, M.D., Professor of Physiology. |
| CHARLES ADAMS, M.D., }
fessors of Principles and Practice of Surgery and Clinical Surgery. | N. B. DELAMATER, M.D., Lecturer on Electro-Therapeutics and Special Nervous Diseases. |
| WILLIS DANFORTH, M.D., Professor of Gynecological Surgery. | L. C. GROSVENOR, M.D., Adje't Professor of Theory and Practice. |
| JOHN W. STREETER, M.D., Professor of Diseases of Women and Children. | A. L. MARCY, M.D., Lecturer on Chemistry and Toxicology. |
| R. N. FOSTER, A.M., M.D., Professor of Obstetrics. | |

Persons desirous of obtaining further information respecting this course are requested to communicate with

CHARLES ADAMS, Secy., 1143 Wabash Ave.

THE
American Homœopathist.

A MONTHLY JOURNAL OF MEDICAL, SURGICAL,
AND SANITARY SCIENCE.

Vol. I.—OCTOBER, 1877.—No. 4.

REVIEW OF VARIOUS AUTHORITIES ON LEUCORRHOEA.

BY H. V. MILLER, M.D., SYRACUSE, N. Y.

Leucorrhœa is a catarrhal affection of the mucous membranes of the vagina, cervix, or uterus, or it may implicate all these organs. Vaginal leucorrhœa is thin, white, milky, or creamy, and of an acid reaction. The uterine discharge is thicker, more viscid, albuminous, and of an alkaline reaction. The cervical form is more profuse and more viscid than the uterine, and the discharge may become similar in appearance to soft soap. These various discharges are but a symptom or an effect of disease which is an inflammation either acute or chronic. The uterine specialist, neglecting to apply remedies homœopathically in diseases of women, seeks

to suppress the discharge as if this were the disease, without bothering his brains about the cause; whereas the homœopathic physician will undertake to remove the cause, both exciting and predisposing. In order to treat a case intelligently, it is important to ascertain, so far as possible, what is the nature and cause of the disease, and thus learn the extent of the work to be accomplished. It may be far more difficult to remove the cause than merely to suppress the effect. But only when the cause is removed can the cure be complete, and one good cure is better than many bad ones. In most cases the great predisposing cause is depraved nutri-

tion, or the scrofulous diathesis—a disease of the lymphatic system. According to Jahr's *Female Diseases*, in most cases leucorrhœa is the result of a scrofulous diathesis, and a frequent occasion is a metastasis resulting from suppressed perspiration, foot-sweats, piles, diarrhœa, milky secretion, chronic ulcers, eruptions, nasal and bronchial catarrh, etc. When resulting from metastasis, the disease is also constitutional.

In Guernsey's *Obstetrics* we find that, in general, the predisposing cause of both chronic vaginal leucorrhœa and chronic endometritis is the scrofulous diathesis. And the characteristics of this diathesis are, "sensitivity to cold, damp air, and blennorrhagic discharge in consequence of it." Such a discharge then furnishes an outlet for the escape of morbid matters.

Ludlam says that "the worst cases of leucorrhœa occur in scrofulous subjects; that in this class of patients there is a strong predisposition to glandular disease and that leucorrhœa should properly be classed among the glandular affections. That in scrofulous subjects the blood is impoverished from impairment of the lymphatic system, hence the albuminous principle is not available for the purposes of the repair of tissues and the mucous secretions become changed. That protracted and persistent leucorrhœal discharges, whether uterine, vaginal, or both together, are always indicative of structural disease somewhere, and, that the cause may be local, constitu-

tional, or reflex." Among the exciting causes he mentions, harsh injections, wearing heavy skirts about the waist, and ill-adjusted pessaries; and he says that any pessary is likely to do more harm than good.

From chronic inflammation there may result polypous excrescences, catarrhal erosions (just as in nasal catarrh), and follicular ulceration. The swelling and thickening of the mucous membrane, incident to chronic inflammation, may obstruct the secretory ducts of the gland Naboth, in which the secretions accumulate, and finally cause suppuration and discharge. The erosions occur chiefly on the posterior lip.

Among the exciting and predisposing causes, Raue, in his *Pathology and Therapeutics*, mentions, stagnation of the blood, occasioned by diseases of the heart or lungs; chronic constipation; sexual excesses, and general morbid conditions, including chlorosis, scrofulosis, and tuberculosis.

Hering states that "leucorrhœa may be produced by anything that affects the general health; that some cases are occasioned by want of cleanliness, and that some of the worst cases are caused by the long-continued use of pessaries."

Not one of these authors favor the use of escharotics in the management of cervical endometritis, or even for catarrhal erosions.

Ludlam says that caustics are no better in uterine catarrh than in nasal catarrh, influenza, or in catarrhal ophthalmia, and that Nitrate of Silver is

just as appropriate in one of these diseases as in another. And he remarks that uterine catarrhs, as well as bronchial, renal, and intestinal catarrhs, should be cured by remedies internally. He reports that "in almost numberless instances women have complained to him of pain, aching and weakness of the eyes immediately after the application of even the mildest lotions directly to the cervix." And he says that "the nursing child sometimes becomes diseased in consequence of the mother's milk having been poisoned by vaginal injections of Alum, Tannin, Acetate of Lead, etc., to arrest the leucorrhœal flow." Furthermore, he affirms that on account of the peculiar sympathy existing between the cervix and the ovaries, when one is implicated in a protracted disease the other also becomes implicated, and hence that cauterization of the os may patch up the case, but it is sure to increase the ovarian congestion and inflammation, and the ulceration will return.

In cervical endometritis, Ludlam reduces the inflammation by applying the cotton tampon saturated with Glycerin; when the discharge is purulent or puriform, he takes equal parts of Glycerin and distilled water and adds a small proportion of Calendula, Hydrastis, Hamamelis, Arnica, or Baptisia, and in exceptional cases occurring in strumous subjects, which are chronic and very intractable, he uses Iodine mixed with Glycerin, in a similar manner. Yet he does not ignore internal medication. He rec-

ommends, for each case, the differential study and adaptation of remedies according to the nature and location of the disease and its various complications.

Jahr states that under homœopathic treatment, the most obstinate and apparently incurable cases sometimes disappear as if by magic.

Guernsey claims that suppressing the discharge is not curing the disease.

Jahr, Raue, Guernsey and Hering give the characteristics of an extensive variety of remedies for leucorrhœa, and Jahr gives carefully prepared tables of remedies. But neither of them mentions any local applications except that Hering recommends cold-water injections applied to the parts and the removal of the exciting cause.

When a local application is required to reduce the inflammation, as in cervical endometritis, Glycerin may be used, and when there is ulceration of the os, Calendula is preferable to any other local application. In Lippe's Text-Book, Calendula is given as a remedy for "external wounds and lacerations, with or without loss of substance." According to the Encyclopædia, Calendula is indicated when wounds are raw, inflamed, and painful, as if bruised, with throbbing as if they would suppurate. As a remedy, locally and internally, it was, I believe, first recommended in the *British Journal of Homœopathy*.

Helmuth says that, according to his experience, no topical application or medicinal substance is superior to

Calendula in the treatment of suppurations and lacerations; that it allays pain and brings the disease to a speedy termination, and that he finds it decidedly superior to Carbolic acid.

Dr. Gilchrist prefers it in the treatment of all kinds of wounds.

As in nasal catarrh so in leucorrhœa, it is often a very difficult matter to effect a cure with remedies internally, because these must cure the local inflammation and remove the predisposing cause, which is in most cases the scrofulous diathesis. When these causes and all local irritations are removed, the effects will disappear. Such a complete cure constitutes one of the grandest triumphs of homœopathy. It is more brilliant than any apparent cure made by topical applications alone, and such success can alone be attained by those who are most skillful in the application of our *materia medica*.

In Raue's Record many homœopathic cures of leucorrhœa are reported, with the indications for remedies, whereas topicalists seldom give a good analysis of the symptoms. Among many interesting cases mentioned in this Record, are the following:

CASE I.

Dr. F. Baker's case of leucorrhœa of six years standing, characterized by burning and smarting after micturition and a constant soreness along the whole course of the urethra, cured by *Berberis* 200.

CASE II.

Dr. Charles Sumner's case of fifteen

months' standing, in a girl of five years. The discharge was constant, profuse and excoriating, sometimes thick and yellowish-green, and sometimes thin. A dose of *Sepia* 200, every night for four weeks, cured after three allopathic topicalists had successively failed.

CASES III. AND IV.

Our friend Dr. Stow reports two cases cured, one by Sulphur, and one by *Pulsatilla* followed by Sulphur, with the indications. All these gentlemen are members of our Central Society.

CASE V.

Dr. Henry Minton reports a case of leucorrhœa with thick, green, excoriating, offensive discharge, and terrible pain during coitus, cured with *Sepia* 200. With this remedy he never failed to cure leucorrhœa with the above described discharge.

He also reports twelve cases of prolapsus uteri cured by *Sepia* 200, indicated by sensation of weight in rectum, not relieved by stool, and a sensation that the limbs must be crossed. Each case was cured in from four to twelve weeks.

CASE VI.

Dr. Minton also reports a case of cervical endometritis with excoriation of the os tincæ and continuous flow of very offensive, watery, yellow or greenish leucorrhœa. There were fungoid excrescences around the meatus urinarius, larger than millet seeds, causing constant urging to urinate. There was great weakness and bearing down, as if the uterus

would protrude through the vagina, worse standing or exercising, better lying down; severe pain in region of right ovary, relieved by pressure; frequent urgency to urinate, passing but little at a time, though the bladder felt full; urine depositing a brick-dust sediment, etc. Palladium 200 and copious injections of warm water night and morning two weeks, removed all the symptoms except the excrescences which disappeared after one dose of Thuja 200.

There is a striking similarity between the leucorrhœal discharges and symptoms of Sepia, Murex, and Palladium.

SEPIA.

Sepia has prolapsus uteri et vaginæ,

with constipation; painful coitus; but little sexual desire, and offensive leucorrhœa with terrible itching.

MUREX.

Murex has more profuse and premature menses, and increased sexual desire.

PALLADIUM.

Palladium has pain in right ovary; urgency to urinate with scanty emission, and sensation of weight in pelvis, relieved by lying down.

LILIUM TIGRINUM.

Dr. Dunham gives as an indication of *Lilium tigrinum*: leucorrhœa thin and excoriating, staining the linen brown, with aggravation in the afternoon and evening.

CARCINOMA OF THE LIVER WITHOUT ENLARGEMENT OR ROUGHENING.

BY CHAS. GATCHELL, M.D., MILWAUKEE, WIS.

Read before the Homœopathic Medical Society of the State of Wisconsin.

One of the distinctive signs of carcinoma hepatis is enlargement of the diseased organ, and this is almost invariably accompanied by a nodular surface, which can usually be detected through the abdominal walls.

Having met with a case of this disease, in which both these signs were wanting, I give an account of it in the hope that it may be as interesting to others as it was to myself.

April 15th I was called to see Mr. E., a gentleman sixty-three years of

age, who had been seriously ill for four months, and complaining more or less for a year. I found him weak, very much emaciated, and suffering severe pain. He had passed through the hands of three doctors, none of whom gave a name to his disease, or detected the seat of the difficulty.

The most severe pain was felt in the back, beneath the right scapula, though it was not wanting in various other parts, and especially in the right hypochondrium. The patient had a

cachectic look and the skin was of that peculiar *cuir* color so characteristic of the carcinomatous subject.

Examination revealed extremely great tenderness of the liver, and even without the dullness over the hepatic region, that organ could have been accurately and distinctly outlined by the marked tenderness which was elicited on percussion. For over a year he had had pain in this region.

On the strength of the history of the case, the age of the patient, the cachectic condition and the physical signs, a diagnosis of cancer of the liver was made. At this time, excepting some vomiting of ingesta and mucous, no signs of carcinoma of the stomach had appeared. Soon, however, unmistakable signs of this malady showed themselves, and in a few weeks a tumor could be detected in the epigastrium, and the appearance of the characteristic black vomit confirmed the diagnosis. After recognizing this feature of the disease, I still adhered to the opinion that carcinoma of the liver existed, notwithstanding

the absence of the two important signs mentioned.

The patient lingered several weeks, growing constantly weaker and more emaciated.

The autopsy, May 28th, showed the walls of the stomach much softened and easily broken. In the line of the greater curvature was a tumor about the size of a hen's egg. Examination of the liver showed the upper surface to be smooth, while the under surface was studded with numerous scirrhus tumors, about the size of walnuts. One tumor of this kind, about the size of a hen's egg, was embedded in the substance of the left lobe, projecting from the under surface.

Microscopic examination confirmed the opinion given as to the nature of the tumors.

Had the upper surface of the liver been the initial point of attack, enlargement and a nodular feel would have appeared, which, together with the pain and cachexia, would have rendered the diagnosis as certain during life as post-mortem appearances proved it to have been correct.

B. YOUNG.

It is thought that B. Young ought to have recovered from his cholera morbus; but, when it came to fighting with twenty-seven women, each one with a different kind of mustard-plas-

ter for her dear husband, and a new kind of herb tea, it was too much for him. Every woman laid her plaster where there was room, and the prophet went down to his grave like a sandwich.

CLINICAL CASES FROM PRACTICE.

BY C. H. VILAS, M.A., M.D.

[Professor of Ophthalmology and Otology in the Hahnemann Medical College and Hospital of Chicago.]

I.

I. ANOMALOUS REFRACTION, WITH ATTENDANT TROUBLES.

The attention of the general profession has lately been much attracted to the subject of refraction (and accommodation) because an abnormal shape of the eyeball may cause headache, as well as eye affections, and the cause not being recognized, all medication prove valueless.

The following case is one designed to illustrate, as it clearly does, that hypermetropia may cause

(a) blepharitis, with its train of accompaniments;

(b) conjunctivitis, and

(c) severe headache;

all of which will promptly disappear on correction of this anomaly of refraction, the patient meanwhile being totally unconscious of any strain on the eye.

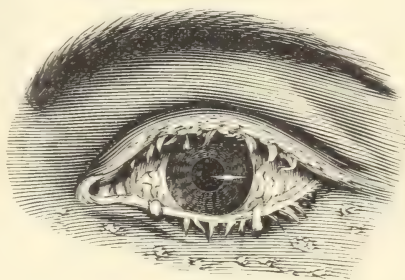
Miss H., of St. Louis, was referred to me on account of a (so-called) scrofulous affection of the eyes. On examination the following was found to be the *status præsens*:

Age thirteen years, large and well-developed, florid complexion, and of medium height.

Her eyes were carefully excluded from the light, being very sensitive as she said. The margins of the lids

were inflamed and the lids seemingly thickened and very red. The conjunctiva was injected, small scabs and scales were clinging to the cilia, and a general weakness of the whole external eye and appendages prevailed, so readily, comprehensively and disgustingly described as "sore eyes." After using the eyes a short time headache set in, the pain seemingly located in the anterior part of the head.

A fair idea of the general appearance of both eyes, when open, may be gained from the subjoined cut.



She was, and for over nine months had been, under the care of a well-known allopathic physician, who was treating her with Iron, Quinine, Sarsaparilla and Stillingia to purify her blood, her eye troubles being due, according to his diagnosis, to her scrofulous nature. A large blister behind each ear was drawing freely; she was advised to quit study and go south

"as a change of air and scene would do much to restore her."

Hypermetropia was at once suspected, was revealed by the ophthalmoscope, confirmed by lenses, and was ascertained to be $\frac{1}{2}$ manifest. There was also hyperæmia of the optic disc, but considering the countenance and general condition of the patient, this was regarded as of no special moment. She bore the light necessary for the examination with little difficulty.

There was, in my opinion, nothing scrofulous in the child, no disease or trouble constitutional, except the loss of vitality incident to the treatment. All eye troubles were due to hypermetropia.

Disagreeing with me, her parents took her away.

In less than a month, however, the patient was again brought to me for treatment. She was much reduced, the blisters were still at work, and she was taking blood-purifying draughts. She was getting worse, getting hysterical, her parents said, "though what more they could do for her, they were sure they did not know." By keeping her from all use of her eyes for reading, she would get better, but immediately on resuming this employment, they returned to their old condition.

The diagnosis again was, all trouble dependent on hypermetropia.

For treatment she was to put on No. 36 convex glasses, and wear them continuously. They were to be put on in the morning on arising and only to be taken off at night on retiring; to

be an integral part of the eye, so to speak. To gently soak off the scabs and scales from the cilia with warm water several times a day, using no force whatever in their removal, and then to annoint the edges of the lids with a little Cosmoline. Stop the blistering, stop the blood-purifying draughts and tonics, gradually restore the eyes to the light from which they had been hidden, and report in three weeks.

RESULT.

At the end of two weeks the patient was entirely at her ease. At the end of four weeks not a trace of any eye trouble remained, excepting, of course, the hypermetropia, which is incurable but fully remediable by convex glasses.

She is to wear the glasses constantly; their strength may require changing.

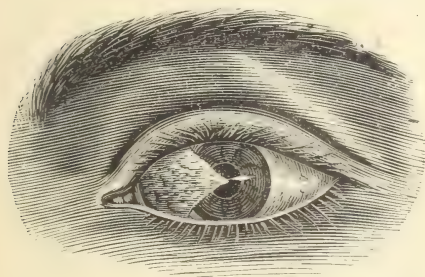
II. PTERYGIUM.

Pterygia of large size are comparatively rare in our climate. While the exposure of our lakes would seem to favor their development, they probably require a more genial climate in which to thrive, as they seem very prevalent in warmer climes.

It is, however, the intention to briefly notice the treatment only in this article, illustrating the subject by a case of unusual size occurring in practice.

Mr. D., a drover, from Missouri, strayed into my office one warm afternoon, complaining bitterly of the annoyance his left eye caused him. A glance was sufficient to show the cause

to be a *pterygium crassum*. It began near the internal canthus, at the semilunar fold, and extended to the centre of the cornea. Beneath it between its insertions it was entirely free from attachment, allowing its pendulous centre to drag on the globe, preventing its free motion, and causing a very disagreeable and irritating sensation. The engraver has attempted to illustrate it in the accompanying cut, but entirely failed to give a proper idea of the size and weight.



Dr. Allen has called our attention to a remedy, *Zincum*, which has cured this trouble. I have never seen it do it, though in a case at the Hahnemann hospital eye clinic, last year, it seemed to be of benefit. Dr. N. A. Pennoyer reports a well-marked case also, cured by *Argentum nitricum*. It would seem that in medication alone the true remedy should be found, but a caution seems necessary, lest the endeavor be made to cure all pterygia with *Zincum* because it has once cured. Neither, on the other hand, should pterygia be abandoned as incurable by internal medication, because failure results when this rem-

edy is given with no indications for its use.

In this case the only certain remedy advised was excision. The growth is quickly taken off with a narrow-bladed knife; the relief to the globe and head symptoms is immediate, and when entirely removed shows little tendency to return.

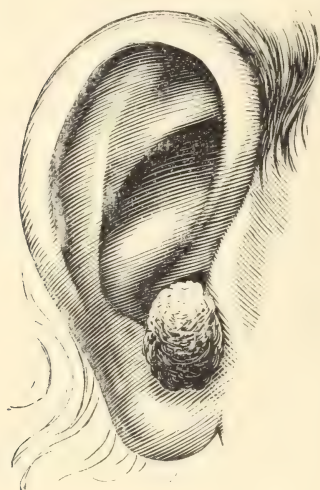
I have never seen a pterygium return when properly excised, and have but infrequently made use of the various devices, as transplantation, ligation, etc., because excision has always been better. Furthermore, we find in the works of those who use these latter modes, more frequent complaint of a return, while the advocates of the former method report much better success.

III. POLYPUS OF UNUSUAL SIZE ATTACHED TO THE PROMONTORY IN THE MIDDLE PART OF THE EAR.

One year ago last June, Mrs. J. —, from Massachusetts, was referred to me for a tumor growing in her right ear. She was strong and vigorous, and free from all complaints which would impair her general health.

Summarized, the history was that the tumor had been there for years, gradually growing. She had at various times been under the care of several otologists, at home and abroad, good, bad and indifferent, under whose care the tumor had needlessly grown so large that she was now advised that its removal would be attended by much danger, and that she had better

let it alone. An idea as to its external appearance may be gained from the accompanying cut.



It projected about a quarter of an inch and hung well down into the concha and over the lobe of the auricle. A constant discharge had trickled down until recently, but now there was none. The advice to let it alone I could not approve, because

1. It caused so much headache and
2. Tinnitus, as nearly to craze her at times.
3. It completely stopped all hearing on that side.
4. Its weight was seemingly very appreciable, causing her head to topple toward that side.
5. It made her so dizzy that she often reeled from side to side when attempting to rise.
6. Its unsightly appearance (a deep

red strawberry color) rendered it obnoxious, and

7. It seriously threatened internal head troubles, owing to the imprisoned secretion.

I strongly advised its removal and agreed to remove it. She was anæsthetized and, after a thorough examination, it was found to be so closely impacted in the various convolutions of the external auditory canal as to completely hide its attachment. Accordingly a vertical incision was made and its contents evacuated as much as possible. It was then found to be deeply attached.

At this stage her pulse sank quite rapidly, and symptoms of collapse appearing, restoratives were administered and the operation stopped. All being quiet and the patient rallying, the operation was resumed.

Briefly stated, the entire tumor was removed in large pieces, the attachment was found to be pedunculated, situated on the promontory in the middle part of the ear, (within the drum,) and not to exceed three-sixteenths of an inch in diameter. Great care was necessary, but it was removed clear down to its base, the drum-head being held back by spring forceps, and small pieces being cut off and torn out until all was removed. The bleeding was, of course, profuse, but restrained by pressure and Monsell's solution. The stump was dressed with talc.

Almost immediately on recovery from the anæsthetic, the patient ex-

claimed of the great relief from all distressing symptoms. The shock of the operation was quite severe, but rallying from that her spirits again became buoyant, and under treatment she perfectly regained all lost, except a portion of her hearing. This rose gradually to a little more than three-fourths normal.

RESULT.

In answer to my inquiry, now fifteen months after the operation, she informs me that the hearing remains as usual, perhaps a trifle better, and

there has been no return of the tumor, or any annoyance whatever.

It is extremely to be regretted that there are still a number of medical men who advise non-interference in many, or even all, ear cases. To such advice was due the unusual growth of this polypus. That such counsel is not only erroneous, but often destructive of the hearing, or fatal to the life, of the patient, is the opinion of all otologists of the present day, and is unworthy of the advanced state of the science.

JABORANDI.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

Jaborandi, known botanically as *Pilocarpus Pinnatus*, deserves careful provings with the potencies. A very good collection of symptoms, so far as known, is found in Allen's *Encyclopædia*, vol. v.

A general characteristic of the drug is its property of increasing secretions. The pulse and temperature are increased and do not diminish much until a profuse sweat brings relief. Thus we note: headache, hurried breathing, pressure on the chest, throbbing in the forehead and vertex, face red and hot, throbbing of the temporal arteries. Then appear: copious, hot sweat, and ropy, profuse saliva.

The most characteristic effect is this profuse sweat. But all secretions are

more or less increased. Thus, if copious sweat permits, the kidneys secrete more urine. If the mucous membrane becomes involved, there are watery discharges from the nose and phlegm from the mouth, throat and lungs. The lachrymal glands suffuse the eyes with tears. According to an allopathic authority, the mammary glands secrete milk profusely. Even the liver is stimulated to excessive secretion and we have profuse, gushing, yellow diarrhœa (increase of bile and intestinal secretions).

Every physician knows how obstinate, at times, are the flushes of heat during the climaxis. Well-known remedies, as *Lachesis*, *Sulphur*, *Sepia*, and their recently-discovered allies,

Sanguinaria, Kali bich., Glonoine and Amyl Nitrite, do not always cure.

Jaborandi may become a useful addition to the list, as the following case illustrates :

Mrs. —, has had hot spells ending in profuse, hot sweat, ever since her "change," five years ago. Lachesis never helped at all. Sulphur, selected from this indication and a morning, urgent diarrhœa, also disappointed, failing to remove even the latter symptom.

The case remained unchanged until an attack of acute rheumatism supervened and, of course, demanded a different line of treatment. Convalescence found the patient again annoyed by the hot sweats, but without the diarrhœa. Jaborandi 2, every three hours, acted promptly. The sweats ceased for several weeks. When they did return, a few doses of the same remedy were sufficient to bring about speedy relief.

HOT SPRINGS, ARKANSAS.

This modern Bethesda is situated in the Ozark mountains, at an elevation of 1,400 feet above the level of the sea. Its average temperature for the four seasons is as follows :

	7 A.M.	2 P.M.	9 P.M.	Rain Fall.
Spring, 1875.....	56°	65° 30'	55° 37'	15 inches.
Summer, 1875..	77° 20'	92° 5'	75°	12 "
Fall, 1875.....	53° 41'	65° 33'	52° 27'	7 "
Winter, 1875-6..	46° 30'	58°	51°	22 "

It is a town of about four thousand inhabitants, and the terminus of the Hot Springs and Malvern Railroad. The most interesting feature of this place is its thermal waters, which are greatly celebrated for their healing virtues. There are about forty of these springs, and the temperature of their waters range from 93 to 150 degrees, Fahrenheit.

Prof. E. H. Larkin, of St. Louis, Mo., found eight and one-half grains of mineral constituents to the gallon of this water.

The following is the analysis made with the temperature of the water at 145 degrees :

	Grains.
Salicic acid.....	24.74
Sesquioxide of Iron.....	1.12
Alumina.....	5.15
Lime.....	28.83
Magnesia.....	73
Chlorine.....	7
Carbonic acid.....	21.36
Organic matter.....	8.31
Water.....	1.72
Sulphuric acid.....	4.49
Potash.....	1.46
Soda.....	2.01
Iodide and Bromide.....	a trace
Total.....	100.53

Notwithstanding the actual presence of the remedial virtue of these waters, it being miraculously made manifest in nearly every application, science has as yet failed to find just wherein it lies.

The large catalogue of diseases that are amenable to the use of these waters is gradually augmenting, and excludes now only those lesions of the principal organs of the body which are invariably aggravated by a sudden

increased activity of the arterial circulation—and I believe even these will be included as soon as our practitioners learn to prescribe this caloric less heroically.

Thousands of people visit this place

annually for the relief of their ailments, and at least ninety out of every hundred are either cured or greatly benefited by the use of these celebrated waters.

George D. Streeter.

PARTURITION NOT NECESSARILY PAINFUL.

In the July number of the *Annalist* appears an article written by Emlen Lewis, M.D., in the course of which he refers to parturition as not necessarily painful, but is made so by pernicious habits in dress, etc. He also presents the fact that a selected diet, for the pregnant woman, consisting of such articles of food as contain the least bone-forming material, will retard the ossifying process in the fœtus and thus will the fœtal bones remain largely cartilaginous; the head will mold easily to conform to the size and shape of the straits, of course then the labor is much easier than if the bones were perfectly ossified. He cites numerous cases substantiating this. One in which, after the sixth month, the woman began by eating an apple and an orange first thing in the morning, and again at night; this was continued for four days, when, before breakfast, she also took the juice of a lemon mixed with sugar, and at breakfast roasted apples, taking but little of her usual food. She subsisted mostly on apples, oranges, figs, potatoes greens, flesh of young animals, birds, fish,

rice, tapioca, sugar, and molasses. The acids were taken mainly to dissolve the bony matter deposited in the previous months. The child appeared in due time making no disturbance on the way, and yet previous confinements had been extremely tedious and painful. The child's bones were yet cartilage, and he grew to be graceful, athletic, and strong. This, he says, has been tried by hundreds and in *every instance* the pains of labor have been greatly mitigated without detriment to the children. Wheat contains the most earthy matter; corn, beans, rye, oats and barley, less; potatoes and peas about half as much, fowls and young animals, one-tenth. The various kinds of small fruit have three hundred times less ossifying matter than bread. Salt has more than wheat bread. Coffee and cocoa are also bad. As to drink, no water except rain water, melted snow and distilled water is free from earthy matter, filtering water is not sufficient to purify it, and mere boiling produces no beneficial change in this respect.

PRESIDENT'S ADDRESS.

BY S. J. MARTIN, M.D., RACINE, WIS.

Read before the Homœopathic Medical Society of the State of Wisconsin.

GENTLEMEN OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF WISCONSIN: Another cyclis has passed into eternity, and we again meet to interchange fraternal feelings, ideas, and to inaugurate the Thirteenth Annual Meeting of the Homœopathic Medical Society of the State of Wisconsin. By your unanimous consent, I am your presiding officer. The honor might have fallen upon one better fitted to discharge the onerous duties of presiding over so intelligent a body of physicians; but with your kind indulgence and forbearance I will endeavor to discharge the duties to the best of my ability.

As it is customary for the president to make an annual address as a part of the programme, I will, in a few brief and pertinent remarks, make such suggestions as I hope will be not only interesting but instructive.

OUR RESPONSIBILITY.

Ours is the most responsible of all the professions. In all the works of the Great Creator, there is none that forms such an interesting topic for investigation, as man himself.

As we examine the peculiar fitness of the various parts of this complicated organism, and study minutely the principles of its construction, we may well wonder at the wisdom of

Him who created such a beautiful and living piece of mechanism.

Should not we, who have in charge the means (medicine and knowledge, *rightly applied*,) of keeping in order this wonderful living machine, consider our position one of great responsibility?

MEDICAL EDUCATION.

Physicians should endeavor to raise the standard of medical education as much as possible, and it lies within the compass of every one to aid in this direction. All helps are advantageous.

At a house-raising, no one expects that any *one* or two men will do all the work, be they ever so strong, but with the assistance of a sufficient number of others, though individual efforts may be weak, by combination of strength the walls will surely rise. If each should say, "I cannot raise it, even an inch," and would not put his shoulder to the work, would it be raised? With each man doing a little, and working in unison, the desired end is obtained.

So in regard to medical education, each must be willing to do a little, working in unison and harmony with others, for the same object.

I will *briefly* mention a few ways by which this may be done.

There is no doubt but that a good many of our members are, or will be, preceptors, and it rests with such to decide whether the applicant is fitted by education and character for the position of an M.D. It is for you to exercise your good judgment whether you will recommend persons, skilled in their vocation, to abandon it for the purpose of becoming indifferent doctors, for it is an indisputable fact that a large number of such seldom rise to mediocrity, much less to eminence; and besides it is a great pity to spoil good carpenters, shoemakers, and the like, to swell the already large number of poorly qualified physicians.

Should any person seek one of you as his preceptor, and after making a very careful examination, you find him lacking materially, either in education, moral excellence, or good practical common sense, it is your duty to him, to yourself and the profession, to recommend him to make a niche for himself somewhere else, rather than in our profession.

Any one who is lacking in these very essential qualifications will surely not bring much honor to you, as preceptor, or to the medical fraternity, should he succeed in ever getting a diploma.

Our colleges in the west, so far as my knowledge extends, require neither a preliminary examination nor a certificate of good moral character and previous education, from their students signed by their preceptor. If they do have such a requirement it is not enforced. In fact, it is not

necessary for a student to have a preceptor at all.

In looking over the medical catalogues you can see that the faculty is preceptor to a large number of students. All that is required is, that students must be twenty-one years of age, attend two full courses of lectures, present a thesis and pay his fees. This is not as it should be. Our colleges should require from preceptors, certificates of good moral character and previous education on the part of the applicant for matriculation, and I would suggest that this society pass a resolution to that effect. I am of the firm opinion that if this measure should be enforced in all our colleges, it would do as much, indirectly if not directly, toward improving medical education as anything else.

Many serious consequences to the interests of medical education are traceable to the too early entrance of students to the practice of medicine before they are sufficiently qualified. A large number of students practice, or rather dabble at practicing, after attending college for one term. I will not enlarge upon this point, as the ill-effects of such a course must be apparent to all, but would suggest to the society, that it recommend its members to require, in the future, of their students, a pledge that they will not engage in the practice of medicine until they have obtained a diploma from some good medical college.

MEDICAL SOCIETIES.

We are living in an age of societies, conventions, assemblies, and the like,

and among them medical societies hold the highest position. As our profession is the most responsible, so do we need the more assistance from each other, in order to lessen the responsibility, if possible, of each member, or to lighten it by sharing it with him. And in what better way can this aid be given and received than by organizing societies and *attending* them. They are of the greatest benefit if well conducted and well attended, for from them we bring out ideas which, as it were, lie hidden and would never be brought to the surface but for the free discussions.

Many years ago several of the leading homœopathic physicians of our state, men who earnestly and sincerely wished for the advancement of homœopathy in the northwest, and were willing to labor hard for that end, saw the necessity of organizing a society, such as some of our sister states had had for years, where important matters could be discussed and ideas interchanged which were of importance to each and all of its members. Each resolved that he would do all in his power to forward the project. The consequences of this resolve was the meeting of several earnest, zealous, hard-working followers of Hahnemann at the office of Dr. H. B. Dale, at Oshkosh, on the 18th of October, 1865. They elected a president and secretary; appointed a committee to report a name, constitution, by-laws, and order of business, which was done, and accepted. Thus was founded the Wisconsin State

Homœopathic Medical Society, and the good that it has been the means of doing to the homœopathic physicians of the state cannot easily be estimated.

The original signers of the constitution were seven in number, and their names, Drs. Patchen, Ober, Dale, Page, Moore, Pearce and Swetting. Of this number, five still remain to assist us in carrying on the work so well started by them. Let us ever keep green in our hearts the memory of Henry Pearce and G. R. Swetting, who have gone to receive their reward.

Since its organization we have had annual meetings, held at different places, and our membership has increased from seven to over eighty.

I have noticed two things since I became a member, that I wish, for the good of the society and its members, could be changed, and they *can* be if we make up our minds to do it and each do his part.

One is, the absence of so many of the members from the meetings, who could come if they desired to. A good many seem to think that it is not worth their while to attend, for they have come to the conclusion that they do not get their money's worth. They say it is all well enough to *belong* to the State Society, but excuse me from attending. If it is worth being a member, it is also must be worth personal attendance. I consider it *my* duty, and the duty of every member, to be present at its annual meetings, if possible.

Even if they prepare no articles to

be read before the society, or present no clinical cases, they should present themselves. We should then feel the strength begotten of numbers, and the enthusiasm of personal association, that can never be felt in meetings thinly attended and feebly conducted. Let us have, one and all, your valuable presence in the future, and bring as many of our hold-back brethren as you can, and do not forget that we are anxious to get as many new recruits as possible.

The other fact noted is this: Since I became a member of this society a great many of its members have been appointed at various meetings to present some subject to the convention, which was deemed of interest and importance, but, I say it with sorrow, I do not believe that one in five of those appointments have been filled.

What can we expect, under these circumstances, but that many of our members will stay away. A member, supposing that a certain subject is to be spoken on, and which he is very anxious to hear, goes to the convention mainly for that very purpose, and to his disappointment that member who is to present the subject is absent, or if present, has nothing to say. Do you wonder that he goes away from the meeting declaring that he will never attend another. If one member shirks his duty in this manner, because it requires a little labor, or for any *other* reason, will not others be very apt to follow his example. You can all see very easily what the consequences will be if this is persisted in.

I am of the firm belief that if we can remedy these two things, and who doubts that we can, we will have more interesting and instructive meetings. Will you not each and all assist in carrying out this reform, if I may so term it.

SEMI-ANNUAL MEETINGS.

I have been thinking for some time whether it would not be a good plan to have a meeting of this society semi-annually, instead of annually. As it is now, it is a long time from one meeting to another. If the members get waked up to a realizing sense of the importance of the convention at one meeting, they have ample time to fall asleep again before the time for the next one arrives, and I want to keep them awake if it be possible. There would not be near as much business to transact, and we could therefore spend much more time in discussions.

I would here suggest that this convention take action as to the advisability of holding semi-annual sessions in the future. If deemed advisable by a majority of the members present, let us adopt it as one step in the progress of reform.

It occurs to me that it would be a very good plan to have a meeting of the physicians of a county, or of two or more adjoining counties, as often as once a month, or as often as they could make it convenient, at some centrally located place, and discuss the knotty cases which we are all liable to have, and *do* have. Matters of interest to all could be brought up

and discussed, and much benefit derived I am sure.

I intend to call such a meeting of the homœopathic physicians of Racine and Kenosha counties, at Racine, sometime during the coming fall, and

test it. There is no reason why it should not work as well here in the west as it does in the east, and I am of the opinion that it *will*.

I ask your earnest consideration in regard to these meetings.

TWO CASES OF THROMBOSIS OF THE LEFT MIDDLE CEREBRAL ARTERY.

BY C. W. BOYCE, M.D., AUBURN, N. Y.

Thrombosis is caused by fibrous or coagulated deposits inside of an artery, vein or capillary. The internal membrane of the vessel becomes rough, generally from an inflammatory state, and as it begins to be deposited, minute particles of fibrous and, eventually, small clots of blood, which *gradually* close the vessel and interrupt the circulation. The result of this occlusion of the vessel is that the function of the parts are diminished or destroyed to which this vessel is distributed.

In the two cases here described, the occlusion occurred in the left middle cerebral artery. This artery distributes blood particularly to the left corpus striatum and the left island of Reil. Accidents to the corpora striata show that these centres preside over the voluntary muscular motion, and cases like the present seem to indicate that they govern muscular motion of the arm and leg. Accidents to the island of Reil seem to demonstrate

that especially in the left side is the organ of speech.

CASE I.

Ten years ago James Lowell, aged about fifty, presented himself for examination and possibly for treatment. He walked slowly, leaning on a cane. The toe of his right foot dragged on the floor when he walked. His right hand and arm were entirely paralyzed. By great effort of the muscles attached to the shoulder blade he could lift it up, and with it the arm, but this was all. He could articulate only one word, and that was "yes." One other sound came from his lips which had no meaning, viz., the sound of "oy" as in "boy," or nearly this sound. When asked a question, or if he wished to make known a want, his whole vocabulary was used and "Yes, oy, oy," always came out distinct and loud; so often and repeatedly that he was hardly known by any other name than "Yes, oy, oy." Owing to the paralysis of his right arm he could

not write, consequently he has been for these years shut up within himself. His understanding of what was said to him was clear and, so far as his mind was concerned, we could not see but that his general intelligence was as good as common. He showed me a letter which he had received some time previous, relating to some family affairs, which he could read and which caused him great grief because he could not convey a particle of intelligence regarding it. He could give no account of himself, but it was ascertained from others that he was an industrious laboring man, and, on the whole, gained a good livelihood. When he first showed any signs of derangement, it was found that he spoke quite slowly, and that he forgot some words which he wished to use and even parts of sentences. He did not have the full use of his right arm and leg. Gradually he came to have less and less use of his tongue. He lost control of his arm entirely, but not of his leg. And now, ten years later, he is as completely shut up in himself, and as unable to communicate with others, as was the "Man in the Iron Mask." He has finally drifted into the Cayuga County Alms House, where he will probably remain as long as he lives. There has been no change since I knew him, nor has he been seriously sick. Some time after he came to the House he tried to tell me of some distress that he had, but did not succeed, and has never repeated the effort. He likes to have me notice him, and sometimes

I take a paralytic with me to see the House, when he seems quite interested and always compares arms and legs with the visitor.

CASE II.

A few months ago, Dr. P. H. Peterson, of Union Springs, N. Y., was called upon to preside over a Republican caucus in his town, when, to the surprise of all present, he could not utter a word. The Doctor had always been a ready speaker, and from this fact he was asked to be chairman of the meeting. After a while he was able to say sufficient words to let the caucus proceed, but got through indifferently. It was noticed that he omitted to say many common words.

In conversation he quite often used wrong words, and failed to convey any meaning. In looking over what he had written it was found that he had used many wrong words, and he had made many charges to wrong people. He soon forgot where he had started for, and often asked passers-by where he was going. This became quite common. He made so many charges against people for whom he did no business, and neglected to charge those for whom he did business, that it has been suggested that he meant to have good names on his books at least.

About two months ago he found that he used his right leg with difficulty, and his right arm and hand seemed unwieldy. On trying to talk, he had lost at least half the words that he wished to use. He seemed rather to overcome this difficulty and kept up

his business to some extent until two weeks ago, when he found himself unable to walk and his right arm had become paralyzed. Speech was entirely lost. At this time I saw him (May 6, 1877). He understood all that was said to him, and could, after a great effort, answer yes and no. I saw him again three days ago, (May 20, 1877,) when I found him able to walk, and to move his arm, but not his fingers. His vocabulary had increased, but he could not complete a sentence. He tried very hard, and when he found that with the greatest effort he could not succeed in conveying his meaning, he relieved himself with the expletive, "damn it," which came easily enough. By guessing and trying several times his family generally managed to find out what he wanted to say. Possibly the derangement may not increase, but we can hardly expect much improvement.

Again, May 29, 1877, I saw him and found no change in his ability to speak. At table, when he wished, for instance, for a cup of coffee, he was quite as likely to ask for his chair. He could repeat words after hearing them. He asked for pie, but would call it something else, but when his daughter spoke the word "pie," he had no difficulty in repeating it, if he said it immediately.

Dr. Peterson had taken Gelsemium before I saw him for symptoms of a catarrh which he seemed to have. He has since taken two doses of Phosphorus, on his own responsibility, whether with any effect I am not able

to say. Dr. Peterson has the highest respect for his own opinion, and yields to no one.

On June 18th, Dr. Peterson's daughter wrote me as follows:

"I think you will be glad to hear that father is improving in every respect. He is able to use his hand much more and walks almost as well as before the attack. He talks very much better, often speaking whole sentences, and very seldom fails in making himself understood. He finds persons names the hardest to manage."

Last week, (Sept. 1,) Dr. Peterson called at my office when I found him able to walk quite well. He could hold his knife in his right hand, but had no use of it. Occasionally he could complete a sentence, but failed generally. By close attention he could be understood.

REMARKS.

In post-mortems of two hundred and forty-three cases, similar in their results to those of Mr. Lowell and Dr. Peterson, seventeen only were found where the right middle cerebral artery was occluded, and in these there was paralysis of the *left* side, and there was no loss of speech. In the other two hundred and twenty-six cases the left middle cerebral artery was plugged, and in all of these there was paralysis of the right arm and leg and speech was lost. Some of these cases were from thrombi and others were from emboli. The difference in these cases is, that those caused by emboli were sudden in their onset, and

loss of speech and paralysis were instantaneous, or nearly so, whilst those from thrombi were gradual in their approach.

Physiologists feel as certain of the location of the organ of speech in the left anterior convolution of the cerebrum as they do of anything in physiology, and all their data seem to place it in the island of Reil, which simply forms a cap for the extra-ventricular portion of the corpus striatum. They seem to have proven also that the corpora striata are important centres in the motor tract, and from these cases of occlusion of the cerebral arteries it seems reasonable to conclude that they preside over the motions of the muscles of the arm and leg. At all events, these cases prove that that part of the brain nourished by the middle cerebral arteries furnishes the force that controls speech and muscular motion in the extremities. There are two varieties of aphasia, or loss of speech. In one the cause is in the cells of gray matter which originate the force, and the other is in the fibre which conduct this force. When the cells are destroyed all conception of language is permanently lost, and the patient can neither speak nor write. Where the fibers are destroyed, speech is lost from mechanical obstruction and the patient can write what he wishes to communicate, providing his hand is not so paralyzed that he cannot use it.

It is also a well known fact in physiology that in infancy the left side of the brain is the earliest and most fully

developed, and that this fact explains the reason why the great majority of mankind is right-handed.

In the case of speech, the left side seems to be so much earlier and fuller developed that it comes to pass that the right side ceases, eventually, to exert any influence in the production of speech and loses its functions. It is also well known that in the medulla oblongata motor fibers decussate—the fibers from the left side of the brain crossing over and presiding over motion of the right muscular system, and those from the right side to the left muscular system.

It will be remembered that the cells in the gray matter are intimately connected each with the other by commissure fibers which do not dip deep down in the white matter of the substance of the hemispheres, and it is just possible that when the aphasia is of the second variety that these commissure fibers may form a new channel of communication between the cells generating force, governing speech and the vocal organs, and the patient gradually regains his power of utterance, as well as to write. By this I mean that a new route may possibly be established from the cells in the organ of speech, or rather, the centre presiding over speech, out to the vocal organs, since it is a well-established fact that fibers pass from one nerve to another in many cases, and in no instance does any fiber ever become lost in a nerve, but always continues distinct to its termination, and always conveys the force generated by its

cell and no other. This is the only hope—a slight cure, but just as certain as there happens to be a stray fiber which is not destroyed just so certain will it do its work and speech may be regained. Or possibly the collateral circulation may be sufficient to pre-

vent softening of that part of the brain fed by the plugged artery or vessel, and speech, as well as muscular motion, be eventually regained, in proportion to the quantity of blood sent to the parts.

ALSTONIA CONSTRICTA.—A NEW REMEDY.

BY DR. AUGUSTUS CATHCART, AUSTRALIA.

I have the honor to introduce to the homœopathic profession *an entirely new remedy*—one of very great value. It is the *Alstonia Constricta*, of the order of *Apocynæ*. It grows in the form of a tall shrub or tree, and is known by the name of "Bitter Bark." It is indigenous to the colonies of New South Wales and Queensland, being found in the interior in some of the "Scrubs," and occasionally in the open forests. The portion used in medicine is the *bark*, which is thick, yellow, deeply fissured, and of an intense bitterness. A few of the shepherds in the interior have somehow or other (probably from accidentally finding out its bitterness, or by direction of the natives,) discovered its use in fever and ague, and some of them, in addition to calling it the "Bitter Bark," call it "Native Quinine Bark," as they look upon it as possessing properties similar to those of Quinine. As a remedy for fever and ague they use it in decoction, so I was informed by an old up-country shepherd who

first made me acquainted with it.

An esteemed friend in Queensland has, at my request, carefully watched the effects of this drug upon "beer toppers"—those who had drank large quantities of a certain beer which had been adulterated with this bitter drug as a cheap substitute for the hop—from the effects which he observed, and from those produced in other persons whom I have prevailed upon to take large doses of this drug while in robust health as a "proving," and those produced in my own person, I have *abundantly satisfied myself* that, in *large doses*, its action is that of invariably *producing* great debility and general prostration, or low fever—often also with diarrhœa—and, when pushed sufficiently far, rigors, sweats (usually cold), and other symptoms resembling fever and ague.

Taking the *large dose effects* as my guide, I have used this remedy with far greater success than China, in convalescence from acute diseases of every kind, even to post-diphtheritic

and post-scarlatinal debility, and the debility following parturition, over-lactation, diarrhœa, etc., etc.'

In the great majority of all those *other* cases where China is indicated I have found the Alstonia a more efficacious and far more reliable remedy. This use of it would alone stamp it as an invaluable remedy in all countries where patients have already been overdosed with Quinine at some time or other by allopathic practitioners.

In cases of summer diarrhœa (in this hot climate,) where undigested food is passed, more especially, and even when tinged with blood, I have found it specific.

I have used it in cases of dysentery with success, especially where I thought the attack was complicated with symptoms of malarial poisoning, or proceeded from drinking bad water, or swamp-water impregnated with decayed vegetable matter—a frequent source of dysentery. Indeed, I have found it such a specific for these cases that I am confident it will prove the best remedy yet introduced for camp diarrhœa and dysentery of soldiers, when proceeding from this cause.

In simple atonic dyspepsia, with loss of appetite, etc., its action is very satisfactory.

In fever and ague, and in low fevers, especially those following upon attacks of acute disease, its extraordinary powers are manifested. For these it will be found a more reliable remedy than Quinine, Beeberinum, or Chinoidine; and, moreover, *not* being

so liable to affect the head, it may be confidently regarded as a perfectly *safe antiperiodic* and also a *preventive* of ague.

In carrying out and confirmatory of the rule of the dose which I have adopted, I find that it takes *comparatively* large (homœopathic) doses to cure fever and ague, a weak decoction being the most reliable form, perhaps, or even nauseous doses of the mother tincture. Other cases require from the mother tincture to the 2d decimal dilution, in from one to five-drop doses, according to the strength of the disease and the age and susceptibility of the patient. Being of a very bitter and unpleasant taste to some people, the dose has to be diluted with plenty of water, and sometimes reduced for those patients who have a great repugnance to bitters of any kind.

I make my mother tincture from the coarsely powdered bark, using rectified spirits, in the proportion of one pint of spirits to two ounces of bark, and this tincture I invariably carry in my pocket-case.

It is a peculiar circumstance that the local manufacturing chemist here has failed to extract an *alkaloid* from this bark. It appears to contain none.

As I have had the pleasure of sending a sample of this bark to Professor Hale, I doubt not that he will present some of it to the profession. That talented gentleman will, I hope, test its powers extensively. I beg that he will report his results, by which, I am sure, we shall all learn everything that the remedy is capable of effect-

ing. From my own experience with it I cannot but believe that this remedy will prove to be one of the most valuable ever introduced into the homœopathic materia medica.

[These notes are published in the hope of calling forth provers, that the drug may achieve the usefulness it

seems to promise. Professor Hale has placed a quantity of the bark with Messrs. Gross & Delbridge, of this city, who will send samples of the tincture by express, or the tincture in sugar of milk by mail to any physician who would like to test it, on receipt of a postage stamp.]

NEW PUBLICATIONS.

HOMŒOPATHY THE SCIENCE OF THERAPEUTICS. By CARROLL DUNHAM, A.M., M.D., late President of the American Institute of Homœopathy and of the World's Homœopathic Convention. Irvington-on-Hudson: Carroll Dunham, Jr.; pp. 529; 8vo. \$4.

There are a number of questions that arise in the minds of students and practitioners of medicine, a correct understanding of which is manifestly quite as important as is the knowledge of materia medica.

Among these we would mention

1. The boundaries between hygiene and therapeutics.
2. The relation of pathology to therapeutics.
3. The necessary antagonism between allopathy and homœopathy.
4. Homœopathic diagnosis.
5. The question of primary and secondary symptoms as guides.
6. The advisability of alternation of remedies.
7. The use of high potencies.

8. How to study materia medica and analyze drug action.

These are a few of the topics which have been so ably discussed by our lamented leader, in this volume, that nothing more remains to be said; the subjects are exhausted.

While the argument is necessarily partizan, it is made so by the absence of scientific precision in the allopathic methods of treatment; it is from no mean spirit of controversy or narrow bigotry that he arraigns the old-school practice before the bar of science, but because, with all their knowledge of pathological processes and intimate acquaintance with the cadaver, they yet remain so helplessly ignorant of curative measures.

The clear and succinct manner in which the author illustrates and defines the limitations of hygiene, and indicates the signals calling for therapeutic interference, is admirable. This chapter alone is worth the price of the volume to the young practitioner, and is a crushing rebuke to

those fanatics who ignore pathology and esteem "little pills" sufficient "for all the ills flesh is heir to."

But while the writer was too good a physician to ignore pathology, he recognized the limitations of its usefulness; it could aid us in making a diagnosis and prognosis, and it could name the disease, but could do no more, and herein he illustrates forcibly the necessary antagonism between the two schools of practice, as seen in their methods. The old school make a fatal error in assuming that the pathological results being the same in a given type of disease, therefore the path by which results are reached must be the same in all cases, and the treatment, if adapted to the arrest of the disease in one case, should be, and is assumed to be, curative in all others of like character.

Herein is to be found the grand and essential difference between the two schools of practice, for while we accept pathology as an aid in every other way, we ignore pathological results as a guide in *therapeutics*, because we know that the same results may be reached through many channels by many methods, and we have learned that it is by these *processes* we must be guided, and *these* may be learned by no catalogue of symptoms or descriptions now recorded, because they differ in every case, and thus homœopathic diagnosis discovers a *new disease* in every illness, however common it may be nosologically. Hence we, as homœopaths, are obliged to study every case as a *unit*, we cannot

dismiss it as one of many, for though the *objective* symptoms may be alike yet the *subjective* will be various. The kaleidoscope may present the same figure many times, but never with the same colors similarly arranged, thus it is these many symptoms *in combination* with their varying conditions of aggravation and relief, that determine our choice of a therapeutic agent, and in proportion to the accurate adaptation of the drug picture to the disease do we find our therapeutics successful, and the result may be anticipated in like degree with *absolute certainty*.

This is the only possible basis upon which to build a scientific therapeutics, and to homœopathy alone belongs the honor of finding, and demonstrating through its success,

THE SCIENCE OF MEDICINE, and it will in the future time be esteemed the noblest of sciences.

In considering the question of "primary and secondary symptoms as guides in determining the dose," we think Dr. Dunham has mystified himself and his readers unnecessarily, for admitting his claim that the primary symptoms developed in provings by attenuated drugs are identical with the secondary or alternate symptoms produced by material doses, it does not invalidate the fact that *two opposite classes of symptoms are produced* as well as cured by the same drug, and if provings made with attenuated medicines do not develop these "alternate effects," (both primary and secondary symptoms,) it only shows

that such provings are unreliable and must be incomplete. The adoption of Dr. Dunham's idea, therefore, that we may prescribe for either class of symptoms without regard to their time of development would lead to great confusion. Hahnemann would not have advocated as a fundamental doctrine *that primary symptoms should always be our guide in the selection of a remedy* without good reasons, and they are apparent. It is only upon this foundation that *similia* can rest, for if we take a secondary symptom as an only guide, then we would give Opium for diarrhœa in the same way as the allopathist does—on the basis of *contraria*—yet we have given Opium for this complaint repeatedly, and cured it with the 200th, but only in cases where it had followed upon constipation (primary symptom).

This we conceive to be the true idea: That we must learn what the primary symptoms have been, even though long passed, before we can treat successfully a case presenting the secondary symptoms (especially in chronic cases). And this we believe is the true basis for selecting the attenuation also. We agree with Hering that, *as a rule*, primary symptoms are controlled most quickly by material doses, and *vice versa*, secondary symptoms by the high attenuations.

After reading this work no one will attempt to justify the practice of alternation of remedies, it is simply the lazy man's expedient to escape close thinking or to cover his ignorance.

The one remedy alone can be accurate and scientific, a second or a third only complicates and spoils the case, and will inevitably ruin a good reputation.

But to come to more practical matters, more than one-half of this volume is devoted to a careful analysis of various drug provings. It teaches us *materia medica* after a new fashion, so that a fool can understand, not only the full measure of usefulness, but also the limitations which surround the drug. The dissections made by the author, of Belladonna, Conium, Chlorine, Lilium, Murex, Platina, Rumex, Spigelia, and Meze-reum, are only equalled in our literature by the translation he gives us from the German of Aconite, Bryonia, Calcarea, Colchicum, Chamomilla, Graphites, Hepar sulph., Ipecac, Ledum, Mercurius, Nux vom., Phosphorus, Rhus tox. and Sepia.

We ought to give an illustration of of his methods of analysis, but space forbids, we can only urge the thoughtful and studious to obtain this book, which they will esteem as second only to the Organon in its philosophy and learning. It also embodies much that will commend it to the busy practitioner.

IV.

THERAPEUTICS OF DIPHTHERITIS. A Compilation and Critical review of the German and American Homœopathic Literature. By F. GUST. OEHME, M.D. Second enlarged edition. Philadelphia: Boericke & Tafel; pp. 84; 1877.

Such is the title of a book contain-

ing 84 pages giving the prominent indications for all the remedies that have been found useful in diphtheria. We cannot speak too highly of this great work in little compass. It is arranged as follows: The objective and subjective indications for a remedy are given, then follow a few cases gleaned from past and present literature, illustrating the action with a certain potency, so that each reader may

observe and decide upon the validity of the results and *know* what to expect in a similar case; then comes a *resume* by the author, very ably setting forth the natural deductions, prominent symptoms, and such experience as he can add. To get the amount of information given in this treatise would require a most extensive library and untold labor.

SURGICAL CLINIQUE.

SERVICE OF CHARLES ADAMS, M.D.

[Professor of Principles and Practice of Surgery and Clinical Surgery in Chicago Homœopathic College.]

I.

I have selected for your consideration this morning a few typical cases of venereal disease. Under this head are included, Gonorrhœa, Shancroid and Syphilis, they being most frequently, though not always, the result of impure sexual intercourse.

GONORRHŒA.

These two cases have the following records:

No. 120, C. H. F. D. Thos. K., American, aged twenty-one years, applied for treatment four days ago, having gonorrhœa in second stage. Profuse, purulent discharge had existed for three days. Urination frequent and painful. Chordee very troublesome. He was ordered to take Gelsemium, tincture, and report this day.

No. 264, C. H. F. D. C. P., Norwegian, aged thirty-one years, applied yesterday for treatment for gonorrhœa in second stage. Thick, purulent discharge, burning pain along urethra, increased during urination, and nocturnal chordee had troubled him for five days. He was ordered to take Gelsemium, tincture, and report this day.

Our first patient, who has been under treatment four days, reports himself much relieved, in fact he now complains only of a slight whitish discharge, for the relief of which we shall give Merc. jod. 3x at intervals of three or four hours. The second patient reports the pain as less severe, and the discharge less in quantity, indicating an abatement in the intensity of the inflammatory process. He will continue the use of the Gelsemium until

the acute symptoms have ceased and report again. Before saying anything further regarding the treatment of these cases, I wish to give you some account of the disease itself.

Gonorrhœa, or clap, is (in the male) a specific inflammation of the urethral mucous membrane. It usually begins, at from three to ten days after exposure, with a slight itching or burning sensation at the urethral orifice. Examination at this time shows the meatus occupied by a drop or two of thin discharge, and its edges slightly swollen and reddened. The irritation soon runs further back into the canal, is accompanied by a mucous discharge and increased frequency of desire to urinate. This is the *stage of increase* and lasts from four to seven days, when the discharge becomes profuse, purulent, and occasionally bloody. The invasion of the deeper portions of canal gives rise to increased pain in micturition, tenderness along the urethra, and sometimes pain in the testes, inguinal or lumbar regions. In this the *second or stationary* stage, the mucous membrane becomes thickened by exudation so that the calibre of the urethra is diminished. If the inflammation extend into the submucous tissue of the spongy body erections are attended by an extremely painful condition known as chordee. This consists of an arching or bowing of the penis, the curvature being produced by the expansion of the cavernous bodies, while the spongy body is prevented so doing by the exudation in the submucous tissue. The cav-

ernous bodies stand in the relation of a bow to the spongy body representing the string or cord. This condition is often the most serious annoyance the patient has, especially if it occurs at night and prevents sleep. In many cases the entire extent of invasion of the disease is limited to the anterior two or three inches of the urethra, or even less, but occasionally the entire urethra or the bladder itself may become involved. Balanitis may result from the extension of the disease to the mucous covering of the glans penis, or posthitis from its extension to the lining of the prepuce. The foreskin itself often becomes cedematous and may be in a condition of either phimosis or paraphimosis. The epididymis or testis, on either or both sides may be involved and, very rarely, the prostate may be so enlarged by inflammation as to produce retention. Lymphitis and bubo are sometimes observed as complications. Gonorrhœal conjunctivitis may occur from contact of the discharge with the conjunctiva and, in some individuals, specific rheumatism and ophthalmia ensue.

We shall reserve consideration of these complications for a future lecture, as we propose dealing to-day only with the simple forms of this class of cases. We have described two stages of the disease, the increasing and the stationary. As soon as the inflammation declines the third or decreasing stage begins, and under favorable circumstances, continues until the discharge loses its purulent

character, becoming mucoid and gradually passes into gleet.

The treatment of gonorrhœa should be commenced by laying down strict rules for the patient's guidance. The use of liquors must be proscribed as also the excessive use of tobacco. All causes of sexual irritation are to be avoided and the utmost cleanliness observed. Frequent ablution of the penis in warm water will add greatly to the comfort of the patient, and if the prepuce be long it should be frequently washed out. Too much wrapping of the penis is to be avoided. Tissue paper is the best dressing. Two or three small sheets may be rolled about the penis, the open end being secured by twisting. Whatever dressing be used it should be frequently renewed, and destroyed after removal to prevent further infection. The patient must be cautioned against heavy exercise or exertion, and if the testes be painful a well-fitting suspensory bandage applied early with a view of preventing epididymitis.

For the purpose of aborting the disease in its first stage, an injection of a strong solution of Nitrate of Silver was formerly recommended, but has now been pretty generally abandoned. Hamilton speaks well of injections of Nitrate of Silver solution (gr. j. *ad* oz. j.) frequently used during the stage of increase. I have seen no good result from this practice in true gonorrhœa but believe it to be excellent in non-specific urethritis. As regards the value of injections in cases of gonorrhœa, I should say they are seldom

required, and then only after the subsidence of acute symptoms. During the first and second stages, the use of Gelsemium, tincture, in one or two-drop doses, every three hours, has given, as you have seen in our patients to-day, very good results, and our records show that fully ninety per cent of our cases report speedy relief following this prescription. In many cases this will be the only remedy necessary during the active stages of the trouble.

CANTHARIS.

Cantharis 2x I have found useful when the deep urethra has been involved, and constant burning pain and excessive vesical irritation have been leading symptoms.

MERCURIUS.

Mercurius 2x should be used, I think, when the inflammatory process is accompanied by free exudation into the submucous tissue and thickening of the urethral walls, producing great diminution in size of the stream of urine and chordee.

CANNABIS SAT.

Cannabis sat. 1x seems to have its field in cases where priapism is a leading feature and a free mucoid discharge exists.

These remedies, with the local attention suggested, will be found sufficient for the treatment of most cases in the active stage. They are recommended in low potency, for the reason that, in my experience (with a good many cases), that form has secured the quickest and best results.

When the inflammation is of a high

grade and the bladder excessively irritable, the patient should be advised to keep his bed, as rest will in such cases frequently ward off serious complications.

Chordee may often be prevented by immersing the penis, before retiring, in water as hot as can be borne. During the attack, the application of cold in the shape of ice, or contact with some cold surface will quickly relieve. Standing on a cold floor with the feet bare is very efficacious. Many druggs have been lauded as preventing chordee, but I know of nothing which can be relied upon in the shape of medicine, excepting a positive anodyne. Occasionally chordee persists long after discharge has ceased, but usually it decreases in severity with the inflammation. As soon as the acute symptoms have subsided and the stage of decline fairly set in, you will find various remedies of service according to indications.

MERCURIUS JODATUS.

Merc. jod. is of value in cases where the discharge is free and mucoid, and patches of induration are found along the urethra.

SEPIA.

Sepia answers well in chronic mucoid discharges without pain.

HEPAR SULPH. CALC.

Hepar sulph. calc. is of use for a muco-purulent discharge in individuals who have had several attacks.

THUJA.

Thuja will frequently end a thin, whitish, painless discharge, whether

figwarts be present or not, usually leaving the warts.

SULPHUR.

Sulph. should be given where much thickening exists along the urethra.

SILICEA.

Silcea you will find of service in cases of long standing, with slight, shreddy discharge.

The remedies mentioned, as indicated in the last stages of gonorrhœa, I have used in the 3d and 6th potencies with satisfactory results.

In the stages of decline and gleet, injections may be used, and had better be mild in their character. An injection of water containing half a grain or a grain of Nitrate of Silver, Sulphate of Zinc or Acetate of Lead, to the ounce, may be used once or twice daily, and its use persisted in for some days after all discharge has ceased. Powdered Hydrastis, in the proportion of a half drachm to the ounce of water, makes an excellent injection in cases of long standing. Injections to be of service must be properly made. A short-nosed, hard-rubber syringe, holding about two drachms is best suited. The urethra being cleared of discharge by urination, or an injection of warm water, the nozzle of the syringe is inserted just within the meatus and the sides of the urethra compressed by finger and thumb above the syringe tip which rests upon the urethral floor. Inject slowly and retain by pressure of the thumb and finger for a minute or two. Manipulation of the urethra during retention will bring the fluid in contact with the

entire diseased surface as far as it penetrates. If, in spite of medication and injection, a gleet persists, a full-sized steel sound should be passed at intervals of three or four days. This proceeding is indicated in cases where tendency to stricture exists, and is often beneficial where no indurated patches are discoverable. The sound should be perfectly smooth, slowly passed and slowly withdrawn.

In conclusion of this part of our subject, I ought to say, that you will meet individuals who are profoundly affected by a simple gonorrhœa and

in whom the local trouble seems to be intensified or perpetuated by the systemic depression existing. Such cases require the most careful treatment, and in selecting remedies for them, you will have to be guided by the general condition of the patient, rather than by the indications I have given to you. There is hardly any class of cases which will tax your patience to such an extent as "gleets," but perseverance in the use of a remedy, with an injection, or the occasional passage of a sound, will usually be rewarded by success.

HOMŒOPATHY ILLUSTRATED.

SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrators and forward them to the editor.

8.

GAMBOGE DIARRHŒA.

C. M. Conant, Middletown, N. Y.

Case 1. Mr. D., aged thirty-six years. *Thin, yellow, watery stool, coming out all at once.* Aggravation in morning and forenoon. Before and during stool, some pain and urging. After stool, *great relief.*

Prescribed Gummi gutti 200, in water, a teaspoonful every three hours, to discontinue when diarrhœa ceased. He took two doses and had no more diarrhœa.

Case 2. Mrs. B., aged thirty. *Thin,*

watery diarrhœa, discharged all at once, preceded by urging. *Aggravation in morning, after breakfast. After stool, feels great relief,* and thinks she is well; but is soon seized with urging again and stool.

Prescribed Gummi gutti 200, a powder every four hours, to discontinue when four consecutive hours passed without stool. She took one powder and had no more diarrhœa.

REMARKS.

Gamboge (Gummi gutti) is indicated in diarrhœa when there is

Stool—Thin, yellow, fecal or watery,

frequent, copious, coming out all at once (with a single, somewhat prolonged ? effort).

Aggravation in forenoon.

Before stool, sudden urging.

During stool, strong urging, passing the stool quickly.

After stool, feeling of great relief in the abdomen.

We most heartily endorse Dr. R. N. Foster's opinion of Bell on Diarrhœa, etc.† Those who wish to cure diarrhœa promptly and efficiently should consult this work before prescribing, unless *sure* they are right.

9.

ALOES IN DYSENTERY.

W. J. Hawkes, Chicago.

I have used Aloes more frequently during the past year than ever before. It has been called for more frequently in dysentery, in my practice, this year, than any other remedy. I have found it an unusually prompt and active curative agent when indicated by the following characteristic symptoms. It is not only in acute dysenteric symptoms that Aloes is curative. Its peculiar pains and conditions I have found in chronic ailments of several old people. Its symptoms present such a complete picture of dysenteric diarrhœa, that it is probable that its chief sphere of usefulness will be found in such derangements of the intestinal tract.

Case 1. Lady, aged fifty-five, had been troubled for years with a frequently recurring and distressing

"colic." The attacks would commence with a profuse, windy-watery diarrhœa, with *lumps of mucous like jelly*. She must hurry to the closet immediately after eating or drinking. There would be *great and cutting-gripping pain in the right and lower portion of the abdomen*, which was excruciating *before and during stool*; *after stool all pain ceased*, leaving a *profuse perspiration* and *extreme weakness*.

Aloes 30 removed all unpleasant symptoms in a very short time. The patient has been comparatively free from such attacks since; and when she is threatened, a few doses of this remedy relieves.

Case 2. An old lady of sixty-five, has for years had "colic attacks," so violent sometimes that she would become frantic, and often lose consciousness. She had come to dread them so and they came so frequently, that life was a burden. The attacks were preceded by obstinate constipation, and were not relieved until after a *profuse, watery diarrhœa, accompanied with much wind, and containing lumps "looking like frog-spawn."* Pain always disappeared after the stool, when she would be very weak and covered by a cold sweat. This was an old lady who had had these or similar attacks as long as she could remember.

Aloes 30 removed the great violence of the attacks, so that now she has only "gentle reminders," as she says, occasionally. Aloes always cuts them short.

Case 3. A strong, robust man, of about forty-five years of age, was

† See AMERICAN HOMŒOPATHIST, page 115.

taken with dysentery. The disease was an old enemy of his—had been confined to his bed a month at a time with it—had a tendency to that disease, apparently. The deciding symptoms in the case were those *severe, cramping, griping, weakening pains across the lower and right portion of the abdomen*, which *disappeared as soon as the stool was complete*, but leaving him with a feeling of *extreme weakness* and prostration, and bathed in a *cold perspiration*. The stool was quite profuse, with the jelly-like lumps and accompanied with wind.

Aloes 30 was given (although Mercury and Arsenicum were thought of). Improvement in his general feelings set in at once, and gradual and steady progress was made to a complete and satisfactory cure. The

patient and his wife said he had never been so quickly relieved before, in such a case. I would say here that I deviated from my rule of giving a low attenuation with the 30th, only because I had no other preparation.

REMARKS.

I regard as the characteristics for Aloes:

1. The lumpy, watery stool;
2. Intense, griping pain across the lower portion of the abdomen, with a preference for the right side, before and during stool, leaving immediately after stool, and
3. The extreme prostration and perspiration following.

I know of no remedy in the materia medica which acts with more decided promptness than has Aloes this year.

"DENTAL" AS RELATED TO "GENERAL" PRACTICE.

BY GORTON NICHOLS, CHICAGO.

III.

Calcification of the dental pulp, arising from whatever cause or causes it may, is usually ushered in with a train of neuralgic symptoms which, when the lesion occurs in otherwise healthy and sound teeth, is at first extremely hard to correctly diagnose, even by the practicing dentist. Rheumatic periostitis, to one unacquainted with the disease, would usually be set down (as would exostosis and certain stages in the devel-

opment of neurosis,) for neuralgia, and by the average physician would be drugged with the characteristic and customary neglect of local indications, attention to which could alone afford any possible chance of success. Difficult dentition, and a great many other conditions arising within and about the oral cavity, give rise to, and are accompanied by, nerve-pain, simulating neuralgia; and I hold it to be the moral and bounden duty of any physician, who has what appears to him

to be an obstinate case which may possibly reach to some of the foregoing complications, to consult with some competent dentist, that the light of special local investigation and practice may, (as it frequently will)—supplementing the physicians treatment—afford the coveted relief.

Dr. J., of this city, being called in consultation in the case of Mrs. H—, wife of one of our prominent merchants, found her alarmingly debilitated and suffering intensely with neuralgia, the continuance of which, in her then perilous condition, might, and probably would, prove fatal. A course of treatment was agreed upon and tested for twenty-four hours when, the symptoms not yet having in the least improved, Dr. J. suggested that a dentist be called in that, at all events, nothing on the doctor's part might be said to have been lacking. It chanced

that I happened to be called, and after a somewhat tedious examination, found beneath an old amalgam filling the anterior root of the first left inferior molar, partially filled with decomposed and putrescent matter (*debris* of nerve-tissue and blood-vessels once there resident). This I carefully removed by means of a mouth-syringe and warm water, followed with cotton on a breach; then placed in the cavity and touched the margin of the gums with a saturated solution of Carbolic acid and Iodine. closed the external opening with cotton and sandarach, and so left the patient with injunctions to be sent for during the day if the pain did not sensibly abate, which in the course of five or six hours, it commenced to do, and late in the evening of the following day disappeared with no recurrence.

EDITOR'S CABINET.

THERE has not been the usual amount of sickness in Chicago for the last two months, so far as we have known. We have had very frequent calls for the administration of Aloes, in bilious and intestinal derangements, both for adults and infants. Indeed, we can almost say that Aloes has been indispensable sooner or later in every case of intestinal disturbance, and in not a single instance have we been disappointed in its action with all promptness. It would seem as if Bell's indications for Aloes were taken from these cases, so accurately does he describe the symptoms we noticed in them. The loud gurgling before

stool. The jelly-like mucus in gobs. The good appetite, though sickness was severe. Desire for juicy things. All of these were prominent; some one or more of them characterized the various cases. Aloes 30th did its work speedily.

"It is not good for man to be alone," so says the Bible, and a responsive echo of this time-honored utterance has been awakened in the hearts of millions, and its sentiment lived by the *successful applicants* to the shrine of love. Among these latter the writer may modestly class himself, and more recently, Mr.

A. L. Chatterton, our enterprising publisher, who, on the evening of September 3d, became one of the two principals, Miss Clara E. Morris being the second, constituting a marriage. At the residence of the bride's parents, in the presence of the relatives and immediate friends of the contracting parties, the ceremony was consummated. Congratulations, next in order, were expressed with more than usual warmth, after which the bride's cake—queen of the refreshments—passed the "trying" ordeal handsomely, as did the other choice viands of less prominent distinction, then amid the good-byes of friends the presumably happy couple were conveyed to the evening train for the east where they expect to spend three or four weeks. We heartily welcome our friend to the fraternity, and congratulate him on securing his truly lovable bride, wishing her all the joy she has hoped for, and that twenty years hence the sentiment that opened these lines may, by time's testimony, be *italicized* in the experience of both.

ON THE 27th of August we received a telegram-invitation to a "Medical Party at the residence of Prof. R. Ludlam," on that evening. Having attended assemblies of business and pleasure, in former days, with this distinguished gentleman as host, we thought it no venture to spend even valuable time in answer to this "summons." Accordingly we put in an appearance at the usual time. About twenty-five others of the fraternity were already there assembled and listening to Dr. C. F. Fischer, of Australia, who was giving something of a history of the commencement and progress of homœopathy in that country. It seems that the Doctor had enjoyed not only a lucrative but a remarkably successful practice, in the largest sense of the word, toiling very hard from eighteen to twenty hours a day until he could afford and needed rest. Not only did he win in his practice of healing but allopathy succumbed to his success, its exponents calling upon him repeatedly for counsel and advice. In the course of his remarks the Doctor mentioned several new drugs

indigenous to that country as having been exceedingly useful; among the number was *Boreanthus gloriosa*, for supraorbital neuralgia of the right side especially, which he regarded as specific for that form of neuralgia. *Zamia Australia* for indigestion, and "Puke Puke" for gonorrhœa. The Doctor could give no special indications for these, but recommended careful provings. He had used the 6th potency of these remedies, learnig their use by observation and by fragmentary provings. He left specimens with Boericke & Tafel. After a pleasant and profitable exchange of ideas on medical topics the guests were invited to "discuss" "fruits in their season," of which an abundance was found of superior genii. Now providing it is the glad mission of fruits to subserve the delights of man, a like agreeable impression must have been made on the fruits as upon those conducting the "discussion." After the fruits came toasts, calling forth responses creditable and appropriate, after which the company gradually dispersed at a seasonable hour with the feeling that profit as well as pleasure had been theirs for the evening.

IN THE *American Observer*, E. C. Price, M.D., gives his experience with *Caulophyllin* and *Cimicifuga* used as parturifacients. The Doctor has been disappointed, as in our opinion every man will be who gives them without regard to their homœopathic indications. Any remedy indicated symptomatically a week or two before confinement, if given then, will have a parturifacient influence, as the Doctor has said *Cimicifuga* apparently helped one case, but adds it was the indicated remedy. Drugs powerful enough to ease labor, by their drug action, are unsafe, hence we can do no better than to study our case and abide by *similia* and hygienic measures.

WE HAVE received a copy of *Homœopathy the Science of Therapeutics*, by the late Carroll Dunham. Professor Woodward has, in the present number, given a sensible review of this work. The name Dunham, throughout the homœopathic world, sufficiently suggests

worth to put his works beyond the need of endorsement from any source. A review, however careful, cannot do this book justice, but is useful in calling attention to the practical value of the subjects treated of. Physicians cannot read this book without being wiser, both on account of information gained for use at the bedside, and advice concerning the best means of gaining knowledge.

THE legality of the charter of certain institutions organized under the new state law having been questioned, has not only been decided in the affirmative by the eminent lawyers of this city, but fully confirmed by the action of the state board of health, as may be learned from the fact that at a meeting of the state board of health recently held in Chicago, at which a majority of the board was present, the diploma of the Chicago Homœopathic College was accorded equal authority with those of all other legally chartered and reputable med-

ical colleges in the United States, and a certificate recognizing that fact, signed by *all* the members of the board, was issued to L. E. Carrier, M.D., a graduate of the above college.

ATTENTION is called to a letter from Dr. Gatchell in this issue. Physicians having patients for whom such a change of climate would be desirable will be glad to place them under such able care. The Doctor has made climatology a special study.

Prof. R. N. Foster reports another confirmation, in dysentery, of that singular symptom under *Laurocerasus* mentioned in the September number in (5) Homœopathy Illustrated. Entire relief came from first dose.

PROFESSORS Hawkes and Woodward have observed the same prevalence of *Aloes* symptoms that we have noticed. The former using the 30th and the latter the 3d potency, each with like prompt results.

MEDICAL MEMORANDA.

PUERPERAL THERMOMETRY.

At the recent meeting of the "American Institute of Homœopathy," held at Lake Chatauqua, I was appointed Chairman of the Bureau of Gynæcology for the ensuing year.

"Puerperal Thermometry" was selected by the Bureau as the subject for its consideration at the next meeting of the Institute. It was decided to observe closely, all the thermic conditions of lying-in-women, beginning a few days prior to their expected accouchement and continuing to observe until their complete recovery.

The observations should be accurately taken in bad cases twice daily, and the temperature, pulse, respiration and remedy given, noted upon the accompanying tables. With this end in view I have prepared two sets of tables. The smaller are to be used at the bed-side; the larger are for use in our offices, and are to be filled up from the smaller, either daily, as the case progresses, or at its termination.

HOW TO USE THESE OFFICE TABLES.

Be provided with three kinds of ink—red, blue and black. A separate pen must be used for each kind of ink. Mark with the pen a *red* dot in its proper place to show the degree of temperature. A *blue* dot must be placed to show the frequency of the pulse and a *black* dot to show the number of respirations per minute. This being done, connect with a continuous *red* line all the *red* dots, so the *blue* dots with a *blue* line and the *black* dots with a *black* line. Mark the remedy below in its proper place.

Now if these directions be faithfully carried out, the real progress of our cases will appear before us at a glance, and it will be seen that the temperature, the pulse and the respiration will approach the *normal* standard more rapidly, and with fewer variations, as the proper remedy is allowed to act. A brief and lucid description of each case should be written on the back of its table, and such remarks made

as will serve to render the record thoroughly comprehensive and intelligible. Cases *accurately* reported in this manner will be of great value in making up statistics for future use, and will do far more for "Thermometry" and the "Healing Art" than if Thermometry were observed alone without reference to the influence of treatment.

In this way, too, we can prove conclusively which method of practice is the most successful for suffering humanity; a very loose kind of homœopathy, or one conducted strictly according to the principles laid down in "*Hahnemann's Organon*." We need *thousands* of these reports and comparisons till there shall be no doubt in the mind of any one, as to which is the better form of practice. I therefore beg you to engage in this good work at once and tabulate, as above directed, every case of midwifery that falls to your care. A good work on Medical Thermometry and Human Temperature, such as that of "*Sequin's*," will be of great assistance to every physician. The age of progress in which we live absolutely demands of us an intimate knowledge and a perfect mastery of the whole subject, including even the relation of human thermometry to the homœopathic materia medica.

Each table should be carefully and legibly signed, and sent to me at the completion of each case. This will enable me to arrange for a systematic report, the large number I hope to receive. Full credit will be given to each observer for his labors at the meeting of the Institute. If the tables are sent to me continuously, as above requested, I can receive them until June 1st,—comparing and preparing a comprehensive report of the whole work, If they are kept back and forwarded all at once I must certainly receive them by April 1st, in conformity with the rules of the Institute. But two months of observation would then be lost.

THERMOMETER.

The greatest care must be observed in procuring a thoroughly reliable instrument,—one that has a guarantee certifying to its accuracy.

A FEW SPECIAL POINTS FOR OBSERVATION.

Will the thermic condition of the lying-in-woman immediately after the birth of the child foretell uterine hemorrhage?

What is the thermic state of one suffering from uterine hemorrhage?

Thermic condition during mastitis or abscess of the mammae?

Thermic condition during persistent after-pains?

Thermic condition during puerperal metritis or peritonitis, etc., etc.?

Thermic condition during what is called milk fever?

Thermic condition of puerperal septicæmia?

Thermic condition during phlegmasia alba dolens?

And any other phenomena that may be worthy of note. Of course observations in regard to the pulse, respiration and the remedies used must also be duly noted.

H. N. Guernsey.

1423 Chestnut street, Philadelphia.

The above communication I address, not only to my Gynæcological Bureau, but to *every homœopathic medical practitioner*. I earnestly invite such members of the profession as are willing, to co-operate with me in this important and useful work. To all who desire to assist, I will forward the tables *free of charge*, on application. H. N. G.

CORRESPONDENCE.

To the Editor.

The state of my own health requiring me to seek a more genial climate for the winter, I wish to secure a number of patients, by taking the professional charge of whom I can at least pay my own way; and if I can realize something in addition for my family, I shall be none the less pleased. I think I can secure board for the company at a moderate rate, perhaps not exceeding seven dollars a week, my own charge, if I can secure some twelve patients, being about three dollars a week for each patient. The region which I desire to visit is free from the great extremes that characterize Colorado, as well as from its windstorms, often laden with sand and alkaline dust. It has an altitude of about 2,000 feet, with the mildest winters, in proportion to the coolness of its summers, to be found this side of the Pacific coast. At the same time, the winters are cool enough to be invigorating, a point of no little importance to invalids, who need to avoid on the one hand the extreme cold that exhausts the calorific power, and on the other, a degree of warmth that debilitates. I should be pleased to correspond with physicians who have patients they wish to send abroad, to whom I will mention details.

Highwood, Ill.

H. P. Gatchell.

To the Editor.

PITTSFIELD, Me., July 24.—Probably it is not often that a man who has graduated from two allopathic schools, sends for your journal. I graduated from the Medical School of Maine, and from Bellevue Hospital Medical College, New York, and have diplomas from both colleges. Some time ago I began to look into homœopathy. I bought homœopathic books; tried homœopathic medicine, and with *success*; I took homœopathic lectures, and have tried to gain as much knowledge as possible. The homœopaths have lauded my name for this struggle for *light*, but the allopathists have lately broke loose in force, and pored vials of wrath upon my head. It has not been a week since I received notice to appear before a learned tribunal of learned allopathic physicians, and answer for the *crime* of practicing medicine according to reason and common sense. I am to appear in the city of Portland, September next. I have no doubt but I shall be expelled from the Association for practicing homœopathy. I have studied years, I have practiced years, and all in the dark, till I became acquainted with the homœopathic method, and now daylight begins to creep up the eastern sky, and I rejoice that I shall soon be at work in the full light and glory of day.

W. S. Howe.

KOUMISS.

ALLEGHENY CITY, Pa., Sept. 13.—Dr. J. P. MILLS.—Please publish formula for preparation and preservation of "Koumiss," referred to in August number of the HOMŒOPATHIST.

Jno. C. King.

CHICAGO, Sept. 25.—In reply to the above letter asking for information as to the method of preparing this beverage, I will answer to the best of my ability. At the same time I cannot promise to give information that will be perfectly satisfactory, for several reasons: (1) Its preparation on a large scale requires a consummate knowledge of physiological chemistry and considerable tact and ingenuity. (2) Its preparation on a small scale for home con-

sumption requires as much attention as the making of the finer class of cheese. (3) Its great sensitiveness to change of temperature requires great attention in order to keep it from spoiling. After consulting all the authorities at my command, and they number a dozen or more, I would advise the following method of making Koumiss for home use in small quantities. Procure a few bottles of *old* Koumiss. This "old Koumiss" contains a peculiar ferment called "Kor" by the Tartars. This "Kor" is the sediment of the bottle, which is dried and reduced to a powder. The sediment of one, or even the whole bottle, solid and fluid together, is added to five bottles of new sweet milk; and to this half a pound of pure sugar, or sugar of milk. This is placed in a stone jar, and allowed to remain until fermentation begins, which is manifested by the taste and the formation of carbonic acid in bubbles arising from it. This fermenting milk is then bottled up like champagne, with tightly tied corks, and immediately placed in a cool cellar or ice-closet, where the temperature will not rise above 60 deg. F. In a few days this will be ready to drink. It will look like milk, and be very effervescent. So powerful is its effervescence that it cannot be conveniently drawn from the bottles without the aid of a "champagne tap," which is a sharp-pointed metal faucet, not larger than a straw. This is thrust through the cork, and the amount desired allowed to pass out.

This kind of Koumiss is called "Full Koumiss," and is not suitable as a beverage for any but thin, poorly-nourished persons. It is too hearty, and will cause fever, headache, and biliousness. But for children or adults, emaciated or recovering from prostrating diseases, it has all the restorative effects of wine and cod liver oil—it stimulates and increases the amount of fat and muscle.

If Koumiss is wished for as a beverage for simple dyspepsia or a mild stimulant, one bottle of *old* Koumiss should be added to three of milk and two of water, with the sugar, and frequently thoroughly *stirred* until it is ready to be bottled. This is called "medium"

Koumiss, and is a lighter and more agreeable drink than the "full" Koumiss.

Many connoisseurs prefer "old" Koumiss on account of its more acidulous taste and thinner consistency. New and fresh Koumiss is white (milky); old Koumiss is clear, semi-transparent, of a pale-blue color, and when left standing in the bottle separates into a clear liquid, and a cloudy sediment of finely divided casein (cheesy matter). If the cloudy matter rises to the *top* the liquid is spoiled as a beverage, but may be used in the preparation of new Koumiss, as above described.

There are other "ferments" which might be tried, but they are uncertain. The Kirghises use a piece of sour rye bread. Some tribes use yeast, others alcohol, or a piece of fresh meat. But I doubt if these ferments would result in Koumiss possessing the delicate, delicious taste of that prepared with "Kors."

E. M. Hale.

A PRESCRIPTION FIT FOR YE KING.

Even so late as the days of Queen Elizabeth, ignorance and superstition continued prime regulating powers in the practice of physic; accomplished as some of the physicians of the day were, it was, as Lord Bacon has affirmed, in every department except those that immediately touched their own profession. Sir William Bulleyn was not one of the least prominent and enlightened, but some of the prescriptions which he has left on record, attest a very deplorable state of things, existing little more than half a century before Harvey achieved his great discovery. Take for example this recipe for an

"ELECTUARIUM DE GEMMIS."

"Take two drachms of white perles; two little pieces of saphyre; jacinth, corneline, emeraudes, granettes, of each an ounce; setwal, the sweate roote doronike, the rind of pomecitron, mace, basel seede, of each two drachms; of kedde corall, amber, shaving of ivory, of each two drachms; rootes both of white and red behen, ginger, long peper, spicknard, folium indicum, saffron, cardamon, of each one drachm; of troch diaroden, lig-

num aloes, of each half a small handful; cinnamon, galinga, zurubeth, which is a kind of setwal, of each one drachm and a half; thin pieces of gold and sylver, of each half a scrupie; of musk, half a drachm. Make your electuary with honey emblici, which is the fourth kind of mirobalans with roses, strained in equall partes, as much as will suffice. This healeth cold diseases of ye braine, harte, stomack. It is a medicine proved against the tremblunge of the harte, faynting and souning, the weakness of the stomacke, pensiveness, solitarines. Kings and noblemen have used this for their comfort. It causeth them to be bold-spirited, the body to smell wel, and ingendreth to the face good colour."

HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The semi-annual meeting of the State Society, held last October, from a scientific standpoint, was the most successful of any ever held, and may be accounted for chiefly from the fact of the large number of able papers presented, and the interesting discussion which followed their reading.

The *semi-annual meeting* this year will take place at *Utica*, on the *second Tuesday and Wednesday of October*, and we confidently hope, will be more interesting than the last.

In order to accomplish the desired end, the co-operation of *every member* of the society must be obtained, and in the interest of our common cause we appeal for this aid.

We hope every physician in the state will either be present and take part, or contribute some article through another.

Alfred K. Hills, Rec. Secy.

PERSONALS.

Dr. P. A. Banker, of Crawford, N. J., paid us a visit recently.

Dr. J. P. Wayland has removed to Byron, Ill., from Kokomo, Ind.

Dr. W. E. Clark has removed from Centreville to Three Rivers, Mich.

Dr. W. E. Coquilletle has removed from Hopkinton to Nugent Grove, Ia.

Dr. J. D. Freed takes the practice of Dr. W. E. Clark at Centreville, Mich.

Dr. M. Jasper Hill of Holcomb, Ill., will soon make Chicago his headquarters.

Dr. S. Clement Bosley has removed from Clarksburg, W. Va., to Connelssville, Pa.

Dr. J. H. Hosmer, of Joliet, Ill., is a new convert to homœopathy. Success to him.

Dr. G. W. Williams has removed from Grand Rapids, Mich., to Marshalltown, Ia.

LITTLE RED RIDING HOOD.

The operetta of Little Red Riding Hood is to be produced at McVicker's theater on the afternoons of October 2d and 3d, for the benefit of the Hahnemann hospital. Mrs. Harlan Page is preparing this delightful entertainment which is a guarantee of success in its production—having had much experience in bringing out this charming operetta heretofore. Her offer to this charity is a grand one, and we trust it will not lack in fulfilling its grand end—giving the hospital greater capacity for doing its noble work.

ITEMS OF INTEREST.

The New York Ophthalmic Hospital, corner Third avenue and Twenty-third street, present the following report for the month ending Aug. 31, 1877:

Number of prescriptions.....	3000
Number of new patients.....	450
Number of patients resident in the hospital.....	25
Average daily attendance.....	111
Largest daily attendance.....	172

A foggy day. The sky is dark and dim.
The blue air boils you like a Turkish bath.
The cat moves stealthily. The thrush at dawn
Attempts to warble, but his throat is dry
As a tramp's whistle, and his tongue is pink
With influenza, and he pipes no note,
But to the limb adheres like a cold pancake
On a belated fork. The red-eyed sun,
Spreading its damp and feathery wings abroad,
Broods like a sick and heavy-hearted hen
Upon the addled world. The —

The Third annual meeting of the Homœopathic Medical Society of Tennessee occurred at Memphis, September 19th. The interest of session was greatly enhanced by the presentation of papers from several distinguished physicians of the south, outside the state.

A little pamphlet has been received entitled, *A Popular Exposition of Homœopathy*, by L. D. Morse, M.D., which gives a plain and concise statement of the principles and practice of homœopathy. It also ably exposes the misrepresentations that unbelievers willfully or ignorantly set forth. In the smaller cities or towns such literature scattered freely through the mail ought to do good "missionary" work.

The supplemental announcement for 1877-8, of the Homœopathic Hospital College, Cleveland, Ohio, has been received. The Twenty-eighth college year begins on Wednesday, Sept. 26, 1877, and closes with commencement exercises, on Feb. 15, 1878. Some changes have been made in the corps of instructors. Prof. J. C. Sanders will devote himself entirely to the teaching of practical medicine, including diseases incident to Lying-in. The chair of obstetrics will be filled by Professor Wilson; that of gynecology by Professor Biggar; that of histology and microscopy by Professor Smith.

The Eleventh annual report of the Homœopathic Hospital and Dispensary of Pittsburgh, Pa., makes the following showing: Number patients received treatment in hospital, 323; prescriptions issued to outdoor applicants, 16,308; deaths, 16—consumption 5; abscess of liver, persons greatly reduced when admitted, 2; aneurism of aorta, of immense size, 1; gunshot injury in abdomen, 1; rupture of bladder, by kick from mule, 1; typhoid fever in patient reduced by exposure and drink, 1; typhoid pneumonia, under similar conditions, 1; paralysis, an old man, 1; three babies, two of which were prematurely born, the third dying a few hours after admission, having been left in a cellar. Average time each patient was maintained, 23 days. Percentage of deaths, 4.95. Cost of maintenance of each patient, 90 cents per day. The homœopathic profession have reason to be proud of this statement. As compared with nine principal hospitals in the United States and Europe every item is more favorable than any of the nine, mortality, cost per capita, etc.

Subscription: Two Dollars a Year. Twenty cents a Number.

AMERICAN HOMŒOPATHIST

A MONTHLY JOURNAL OF
MEDICAL, SURGICAL AND SANITARY SCIENCE.

J. P. MILLS, M.D., Editor.
125 Western Avenue, Chicago.

IN EXCHANGE.

Vol. I.

NOVEMBER, 1877.

No. 5.

CONTENTS

INTRODUCTORY TO THE COURSE ON SPECIAL PATHOLOGY AND DIAGNOSIS. <i>Asa S. Couch</i>	161	THREE CASES OF HYPERÆSTHESIA. C. <i>W. Boyce</i>	186
DIPHTHERIA. <i>Wm. C. Dake</i>	172	EXTRAORDINARY CASE OF NERVOUS DISEASE. <i>Wm. H. Holcombe</i>	190
THE NECESSITY FOR THE USE OF LOCAL INDICATIONS IN CHRONIC CATARRHAL AFFECTIONS OF THE UTERUS, AND THE CLOTH-TEST THE BEST MEANS OF APPLYING THE SAME. <i>E. W. Beebe</i>	175	CIMICIFUGA RACEMOSA IN NERVOUS AP- PREHENSION, TREMORS AND TENDEN- CY TO SYNCOPE. <i>Jos. H. McDougall</i>	193
A CRITICAL PERIOD FOR HOMŒOPATHY. <i>E. M. Hale</i>	179	HOMŒOPATHY ILLUSTRATED	194
"SORREL" IN SCIRRHIUS. <i>B. F. Dake</i>	182	10. Arnica in Epistaxis.—11. Opium in Constipation.—12. Alumina Cough. —13. Squilla for Stitching Pains, Left Side.	
ON THE STRENGTH OF THE HOMŒ- OPATHIC TINCTURES. <i>Lewis Sherman</i>	183	NEW PUBLICATIONS	196
ACUTE GASTRITIS.—HOT WATER. <i>E. M. Hale</i>	185	Encyclopædia of Pure Materia Med- ica.—Clinical Therapeutics.	
		EDITOR'S CABINET	197
		MEDICAL MEMORANDA	198

A. L. CHATTERTON AND COMPANY,
PUBLISHERS,

37 Park Row, New York.

121 Dearborn St., Chicago

CHICAGO Homœopathic College

LEGALLY CHARTERED

BY THE STATE OF ILLINOIS IN JUNE, 1876.

WINTER TERM.

The Winter Session of 1877-8 will open on October 3d, and continue twenty-six weeks. This College has a full corps of experienced professors, each of whom devotes special study to the branch he teaches. Particular instruction is given in all practical branches, with abundant illustration from the largest Homœopathic medical, surgical, and obstetrical clinic in the west.

FACULTY AND TRUSTEES.

- | | |
|--|---|
| GEORGE E. SHEPMAN, A.M., M.D., Emeritus Professor of Materia Medica. | W. H. WOODYATT, M.D., Professor of Ophthalmology and Otology. |
| H. P. GATCHELL, A.M., M.D., Emeritus Professor of Physiology and Hygiene. | E. M. HALE, M.D., Professor of Materia Medica and Therapeutics. |
| RODNEY WELCH, A.M., M.D., Emeritus Professor of Chemistry and Toxicology. | A. W. WOODWARD, M.D., Professor of Analytical and Comparative Materia Medica. |
| LEONARD PRATT, M.D., Emeritus Prof. of Special Pathology and Diagnosis. | E. H. PRATT, A.M., M.D., Professor of Anatomy. |
| J. S. MITCHELL, A.M., M.D., Professor of Theory and Practice in Clinical Medicine. | J. R. KIPPAK, LL. B., M.D., Professor of Dermatology and Medical Jurisprudence. |
| ALBERT G. BEEBE, A.M., M.D., } Prof. | R. N. TOOKER, M.D., Professor of Physiology. |
| CHARLES ADAMS, M.D., } fessors of Principles and Practice of Surgery and Clinical Surgery. | N. B. DELAMATER, M.D., Lecturer on Electro-Therapeutics and Special Nervous Diseases. |
| WILLIS DANFORTH, M.D., Professor of Gynecological Surgery. | L. C. GROSVENOR, M.D., Adjc't Professor of Theory and Practice. |
| JOHN W. STREETER, M.D., Professor of Diseases of Women and Children. | A. L. MARCY, M.D., Lecturer on Chemistry and Toxicology. |
| R. N. FOSTER, A.M., M.D., Professor of Obstetrics. | |

Persons desirous of obtaining further information respecting this course are requested to communicate with

CHARLES ADAMS, Secy., 1143 Wabash Ave.

THE
American Homœopathist.

A MONTHLY JOURNAL OF MEDICAL, SURGICAL,
AND SANITARY SCIENCE

Vol. I.—NOVEMBER. 1877.—No. 5.

INTRODUCTORY TO THE COURSE ON SPECIAL PATHOLOGY
AND DIAGNOSIS.

ASA S. COUCH, M.D., FREDONIA, N. Y.

[Professor of Special Pathology and Diagnosis in the Hahnemann Medical College and Hospital of Chicago.]

LADIES AND GENTLEMEN: I have left a much loved home and a very agreeable retirement and come here for a *purpose*.

I have left a large circle of affectionate friends—and their many kind remembrances, during the past few days, are set in my life as the spangled foliage after congealing rain sets against a rising sun—but I have come here with a hope.

The purpose is—God helping me—to do my whole duty during the ensuing season, in teaching you “Special Pathology and Diagnosis”; and the hope, that I may here contract life-lasting friendships which shall, in

a measure at least, compensate for those I have left behind.

I therefore greet you with a full heart at the inauguration of our relations.

Twenty-four years ago, I occupied a relation to a medical faculty similar to that which you now sustain. I am consequently prepared to appreciate and understand the cast of your thoughts, I know of your hopes and fears, your anticipations and misgivings, and withal, of the beautiful halo with which inexperience is tinging the forecast of your lives.

I also know with what anxious interest you are scanning the thoughts

and acts of each professor, and especially of those new to the faculty. As one of the latter, I submit to the ordeal with misgiving, while I concede the propriety of the act. It is very important, especially at the outset of your career, that you drink from pure fountains, and receive reflections from wise guides, and I do most sincerely invoke the Divine blessing upon all connected with the institution that such may be the result.

And now, without further preamble, will you permit me to trespass upon your patience for a few moments while I call your attention, first, to what I consider the fullest scope of pathology in the abstract; second, to a slight reference to what is termed general pathology, a subject which will not be embraced in my teaching; and *lastly*, to special pathology and diagnosis, which constitutes the full title of my chair. At the very outset let me remind you that from time immemorial, introductory lectures have been permitted to be as discursive as the author pleased, and as impractical, as they generally are, and to assure you that mine will prove no exception to the rule.

First, then, of pathology in the *abstract*. It is not easy to make you understand its definition, without first explaining its associate terms.

Let us say, therefore, that physiology is the science of *organization*, and anatomy that of *structure*. If this is true, we are prepared immediately to understand the interpretation I give to our word, which is, that pathology

is the science of dis-organization, or of decay.

Perhaps it would be better to term physiology the science of reproduction and continuance, pathology that of destruction and change. They are consequently *only relative terms*. The one has been called the science of life, the other, therefore, may be termed the science of death. But I do not like this expression, for scientifically speaking, there is no death, *only change*.

Even when it works out its greatest ultimate results, that which in all ages has been called *death*, and which from necessity, so far as humanity is concerned, has been invested with superstitious terror, pathology is only the shadow of God's dissolving views.

At this juncture two questions naturally arise: *first*, What wisdom is there in constantly changing existing creations? and *second*, If they must of necessity change, why manufacture doctors? In answer to the first, I reply: To reach that refinement of matter which God has ordained, without increasing its quantity. New creation of atoms would sooner or later fill up and impede the universe, however large, for all agree, scientists, theologians, philosophers, that there is no such thing as destruction or annihilation. But to turn over that which *is*, in the multiple changes of life and death, and constantly evolve higher forms, that shows us the wisdom of a comprehensive plan, the wonder-working of a Deity. Is there any evidence that it is so? Let us see.

Commence if you please in the Silurian age, or that of the invertebrates; next came the Devonian period with its fishes; then the Carboniferous with its amphibious animals; then the age of animals, and lastly, that of man. "The series beginning with the lowest form of life and ending with the highest."

Now these changes were not sharp and decisive, they were graded. For example the Devonian period has been called the "age of fishes," because of their superabundance, but they began to make their appearance in the Silurian. So also the age of mammals was foreshadowed long before, in the reptilian age. As Professor Dana remarks, "The beginning of an age will be in the midst of a preceding age, and the marks of the future coming out to view are to be regarded as prophetic of that future."

If this is true let us go a little further, and as historians are said to become prophets, on the ground that history repeats itself, perhaps we may be able to forecast the destiny of man and the kingdom of Nature. It is said that every square yard of the earth's surface has given birth and burial to half a hundred human beings. So far as man is concerned, the refining successions of all this life and death commenced with the savage, Adam, who was "*created in the image and likeness of God*," and in years, how many shall I say? they evolved the wonderful second Adam of Gethsemane, *who was God*. Has there been any halt, any failure of

continuity, any backward tendency in all this chain of advancement from the lowest form of animal life in the Silurian age, to the greatest development of man to-day? Not one. On the contrary it has been undeviating, straight onward, and to-day the chain remains unbroken. Let us under-run the cable a little way and contemplate the successive steps: I said that these changes, so far as man was concerned, began with the savage, Adam, an unclothed, untutored vagrant; living in the wilds and subsisting upon spontaniety; without the rudest symbol of an art, or the faintest echo of a science. From this state of wholesome savagery mankind became nomadic; then pastoral; then half civilized; next civilized, and finally, enlightened—a prince putting the entire earth under contribution to his luxuries, girdling it with his voice and even analyzing the atmosphere of the stars! Now, as the chain of progressions is complete, give your imagination its widest range, and tell me where the development will stop. Only fifty years ago, the prophecy of what is to-day, would have been adjudged a *lunacy*. If, then, you cannot grasp the problem for *all time*, lift up your eyes and tell me of man's condition only *one hundred years* from now? But I am not here to preach the doctrine of evolution. I have only taken so much of your time that I might show you the full scope of pathology in the abstract, for it was the half of all this, the undertow of each successive wave,

to give you, if possible, the thought that—in the growth and exfoliation of every rock, the organization and decay of every leaf and flower, the life and death of every inferior animal and man—two operations have been going on from the beginning, will continue to work on to the end, building up the kingdom of God and His likeness, and that they are—*growth* and *decay*.

It has been my wish, as briefly as was possible, as fully as might be necessary, through the millions of years that have transpired, to evoke from the dark nothingness of the past, without the addition or subtraction of one atom, the light and glory of the present and future, and then allow the enchanting wand of your imaginations to raise the transformation scene which must come—the three Graces through whom it had all been accomplished—a group of spiritual statuary for all your afterlives, Physiology, Anatomy, Pathology.

One thought, just here, touching

Least of all things,
Great and small things

our infinitesimal doses—not because they are in any sense an integral part of our system; not because an allusion to them here is at all consistent with my theme, but simply because *it comes*, and the freedom of an introductory accords me the opportunity to give it utterance. I ask you then, if you can, to grasp the difference between the first Adam and the present man—the Allegory of Eden and the accomplished facts of to-day. Then

I ask you to endeavor to appreciate the difference between the present and the future of a thousand years to come. Our infinitesimal doses were sneered at because the drug in them was not tangible to the senses, but a better chemistry and a finer microscope brought it to view; still higher with the attenuation, and spectrum analysis demonstrated it; higher still, and the response from the divine mechanism of the human body under the law, "*similia similibus curantur*," shows its continued presence. Tell me, you who can, or you who care, the size of the material atoms in our highest potencies, which have had their presence thus proven hundreds of times in the experience of thousands of intelligent observers. My point is that, comparing what *is* with what is to be, in the development of mind, its æsthetic conditions; its psychical relations; what will cause and what will cure; the subtlest analysis of Hahnemann and the highest potences of Jenichen are as crude as the meanest purge of Hypocrates.

Turning now to the second question, propounded a little back, Why manufacture doctors if pathological conditions are inevitable?—if they are the half of a duality without which God could have no economy. Because after instinct, which never errs, comes reason, which is made subject to such pathological conditions. Hence God's agents to temporarily prevent, modify, and control pathological states, that the higher results of His alchemy may be reached.

"The soul that sinneth it shall die." Bodies only change—souls may be lost. How? Through pathological physical, engendering mental and moral, depravity, whereby come lust and brutality. That which should soar, sinks; that which should rise, falls; turns backward, becomes the necessary scum of a gigantic material ebullition. Hence the necessity for doctors to check and prevent backward tendencies after the development of reason—to *hold in the crucible*. It is to estop the sins of the fathers that they may not be visited upon the children; to direct the development of better heads, purer hearts, more spiritual lives—that is all. So there will still be doctors, God has appointed them, and you will never be compelled to say of yourself, as the jealous Moor said of himself,

Othello's occupation 's gone!

But *Second*: General human pathology. This is a department with which I, technically, have nothing to do, but very closely related to mine and of the greatest importance. No one who professes and calls himself a physician, can afford to be without an exhaustive knowledge of it.

The great trouble in regard to all pathology, as taught in the schools and text books, is the running together of that which is called general and that which truly is special pathology. If this were always done in the same way, or in the same degree, there would be no trouble, no confusion; but what one teacher or writer has classed as general, another equally

eminent and learned, has called special pathology. Doubtless the reason for this has been that they actually do run together; spread themselves, as it were, into each other, by such insensible gradations that if any division, definite and arbitrary, is attempted, it sooner or later fails—one beginning where another leaves off—dividing differently, that's all.

Take for example the subject of tubercle. That is certainly attended upon by general pathological conditions before its actual deposition. It does not spring right out of healthy constitutions—robust and vigorous—otherwise, its appearance would be considered an accident or an anomaly. On the contrary, there is usually a vague, indefinite foreshadowing of results, easily recognized by the pathologist, before the actual deposit of the tubercles themselves. Now this state, this precedent condition, in all its length and breadth, in all its shades and details, might very properly be classed and described under the head of general pathology. But I claim that when deposition in any organ or viscus of the body has actually taken place, that then the nosological malady so occasioned, should be classified and described under the head of special pathology. The actual classification, however, is quite different, for all varying degrees of division have been employed, and some have even gone so far as to include the entire history of tubercle, all its conditions and results, under the head of general pathology.

Take another example, the dropsies. These I believe are universally classified under general pathology, and at first glance it does not appear inconsistent that they are so; but all dropsies, excepting possibly hydræmia, (excess of water in the blood,) and a few local but comparatively unimportant effusions, result either from the inflammation of serous membranes, disease of the heart, kidneys, or liver. Then why should not these be classed and described under the special pathological conditions on which they depend?

The better way, perhaps, would be to abolish the distinction altogether; arranging, classifying and describing all diseases under the one general head of pathology.

An evil in our profession is to multiply books without increasing the stock of knowledge, and to attain personal altitude by rising upon a kind of second fermentation of other people's thoughts. But as I am powerless to change the existing order of things, I will call your attention to a few of the points embraced in general pathology, with a view of showing you how much there will still be left to learn, if we should go over the entire field of special pathology during the ensuing session.

In the first place, the general causes of disease are treated of under the head of general pathology, and if there is anything at all right in the nosological division which I have alluded to, it is just here, for such causes are extremely general. Let

us enumerate a few: The air, the water, the light; habitations, clothing, bedding; food, drink, occupation; age, sex, inheritance; parasites, fungi, habits. How strange! Many of these are among the commonest conditions of our lives, nay more, most of them are essential to our continued existence, and yet it requires no subtle analysis to show that they all are or may be direct causes of disease, suffering and death. For example, the air put in motion through an open window impinges upon some limited portion of the surface and checking the perspiration, inflammation follows, an abscess comes and if located in some noble viscus too often the patient goes. Or again, who has ever shaken hands with the unseen but disease-producing miasma of your beautiful prairies? And yet who that is susceptible has not, after sufficient exposure, been shaken by it, head, hands, feet and all, to his heart's content? It would be easy to multiply examples, from each and every one of the causes mentioned, but these will perhaps suffice. It is enough that all these and many more are general causes of disease and that the sepulchral forms which they create are like the mocking genii evoked to frighten and perplex poor Rip Van Winkle after his debauch.

But what are some of the most general of the diseases thus directly or indirectly caused? I will take but one department in illustration—the blood. Here we find anomalies in the size and shape of the corpuscles; changes

in the amount of hæmoglobulin: in the amount of albumen, too much or too little; in the amount of water, too much or too little; excess of fat; changes in the fibrin; plethora; leucocythæmia, or increase of the white, with simultaneous diminution of the red, corpuscles; Hodgkin's disease or false leucocythæmia, without multiplication of the white corpuscles; melanæmia, or blood containing pigment granules of altered hæmetin; icterus, or bile pigment in the blood; suffocation, or that fearful condition wherein the function of respiration partially fails, or its results are afterward aborted by the actual expulsion of oxygen from the blood; uræmia, or direct blood-poisoning, by failure of sewage on account of the kidneys; diabetes, or sugar in the blood; pyæmia, or purulent fermentation of the blood; fever, or increased heat; marasmus, undoubtedly a result of diseased conditions of the blood not yet well understood; hæmorrhagic diathesis; infection, etc., etc.

Now in this brief summary of titles, I have only enumerated the affections in one department, leaving the subject of general pathology scarcely touched at all. You will, therefore, perceive how much there is to be learned *before approaching* the subject of special pathology, in order to entitle one to rank as a pathologist. Fortunately, a full and complete knowledge of it all will be imparted to you in this college from the chairs of theory and practice, gynæcology, surgery, and clinical medicine.

Passing now for a brief reference to the real field of my labor—special pathology and diagnosis.

As its name implies, *special* pathology includes the definition, history, and minute description of every special disease. By *diagnosis* is understood such a complete individualizing of diseases, such a thorough separation of each from every other, by a contrast of differences as will enable the observer at all times, and in all places, to call it by name and include it under a single title. Now it is just this compound work that has been assigned me in this institution, and it is just this work, covering the entire field of diseases, except such as are included in the specialties, that I intend to attempt and hope, during the winter, by your kind encouragement and forbearance to accomplish.

You are well aware that, if you please, contrasting two galleries of portraits, the one may be filled with beautiful paintings, the blendings exquisite and the colors deftly laid on; the other, with jutting, bold outlines, but having less harmony of color, and yet the latter is vastly the more valuable for its intent, for it is filled with likenesses—there is no mistaking them—it requires no catalogue to ascertain whom the pictures are intended to represent. In a similar way, I shall endeavor to serve you. I have no ambition even if I could have any hope to do so, to excel as a mere word painter, no desire to fill up your valuable time with unessential details and superfluities. On the contrary, I shall

constantly strive to sketch disease by its bold and rugged outlines, leaving you to fill up the pictures in the maturer culture of your after lives. It will not do to say that because a patient has almost a complete picture in his rational symptoms of a certain malady that, therefore, he has that disease *per se*, for they might indicate a rapidly approaching phthisis and yet the subject be entirely innocent of such a malady at all. For example, a young man came into my office three weeks ago, with all the rational symptoms of a rapidly-developing consumption; haggard, emaciated appearance; impaired appetite, great debility, rapid respiration, harrassing cough, chills, fever, night sweats, etc., etc. Now I had treated this gentleman fifteen years before for unmistakable lesion of the left lung, and by the blessing of God he had recovered. It was very natural that I should at once suspect and ask for an examination of his lungs. To my surprise I found nothing except a slight impairment of the left lung remaining over from the old attack. How then should I account for this list of very troublesome symptoms? I did not hesitate to reassure him with reference to his lungs and yet I did it in the face and eyes of the rational probabilities. What then? I did not any more hesitate to inform him that there was some materies morbi, some general pathological condition of the blood which would soon disclose itself, and sure enough on the day prior to my departure for this city, he returned with a large car-

buncle upon the superior dorsal region. Now it would have been very easy to have fallen into the error, taking the history of this case and the almost unmistakable signs present, of pronouncing it a fresh attack of lung disease.

Take one more example. Three years ago I was summoned to see a patient, at quiet a distance from my office, who was said to have cancer of the stomach, the father who called me remarking at the time: "Doctor, I do not suppose that you can do anything for her, she has been sick a long time, has had excellent attendance, and the physicians all agree that she has cancer of the stomach." I need not assure you that this case gave me pause when I reached the bedside, for she certainly presented all the characteristic symptoms of malignant disease of the cardiac orifice of the stomach; difficulty in deglutition, local pain, burning, twingings, vomituration, etc., etc.; but after a trial of the case, on the totality of the evidence extending through two hours, I did not hesitate to pronounce that she had no cancer at all, and that she would attend to her work as usual during the ensuing summer. This proved to be the case, indeed she remains thoroughly well to this day. Mark the further sequel: on the next summer she came to my office accompanied by an aunt, remarking very pleasantly, Doctor, you cured me so quickly I would like to have you do the same by my aunt. An examination of her case revealed unmistak-

able epithelial cancer of the external generative organs; an absolutely unfavorable prognosis was made, and before the middle of the winter she had passed away. I ask you what would have been the result to the first patient had the cases been chronologically reversed? Can there be any reasonable doubt that any physician would have fallen into error and decided the first case to be one of true carcinoma? And can there be half as much reasonable doubt that in such an event, she would sooner or later have reposed under the inscription: "of carcinoma, on the — day of —." Oh! my friends, it is a melancholy reflection, that in far too many instances the cemeteries are the conservators of our reputations.

But again it will not always do because a patient may have a special disease, unmistakable—absolute—to settle down contentedly and treat that disease as such. A patient may come to you with an alarming bronchitis, no doubt about the diagnosis whatever, and it prove symptomatic of, and one of the later complications in an incurable case of Bright's disease. In such an instance you perceive that a comprehensive, differential diagnosis would be the only salvation from a prognosis that would endanger a reputation. But I must not weary your patience. Let me say that my instruction in diagnostics will include not only a full reference to all the latest chemical analyses and microscopical examinations, but that it shall fully familiarize you with all the best

and most desirable mechanical appliances, such as the stethoscope, the laryngoscope, the athæsiometre, and so forth.

In laying out my work I shall, without intending any offence to any of you, temporarily consider man as a machine. I shall assume that every machine, however simple or complicated, has some kind of a balance to preserve its equilibrium and keep it running. For example, a watch has a single balance; but a man has four. They are *respiration*, *assimilation*, *combustion* and *intermission*. In other words, to breathe well; to eat and digest well; to exercise well, and to sleep well, is all that is necessary for any body to do to keep well; that this, sum it all up, is all there is of what is called health. Three of these you perceive are incoming avenues, one an outgoing; three are sources of supply, one of waste. In brief, the alimentary canal supplies carbon and nitrogen, the lungs oxygen, the pillow perhaps something more than mere rest, and then the action of the muscles and the molecular movements of the convolutions of the brain consumes—burns up—that is all there is of it. Now if any one of these balances fail, nothing is surer than that sooner or later all will sympathize and participate. To keep them nicely adjusted and in working order will mark an extraordinary physician, for he will have to contend with foes from without and foes from within; but it is absolutely certain that in proportion as he does keep them in

working order, so will the attacks of the former be rendered futile and abortive. But without further elaboration of the idea I adopt it for the purpose of classifying and arranging my work, and I mention it thus fully that you may be enabled to understand my intent. It is to group the various diseases as they affect the one or the other of these various functions, and then I think we will have a clear idea of what we are working to, and what we are working for.

And now, in conclusion, will you permit me to call your attention to some of the opportunities for distinguishing yourselves that present themselves in connection with this department. Although there is already much known, there is still much, very much more, to be learned, and that which is vastly more important than all which has preceded it. For example, as we shall come during the course to the consideration of carcinoma in its various forms, the question will naturally arise, What is this disease; what its nature, its origin, its essence? I may be able, perhaps, to instruct you as to its nature, but as to its origin, or essence, I shall be compelled to confess an utter and an absolute ignorance; I shall be able to describe to you its varieties, its stroma, its fluids, its cells, its lymphatics; I can tell you of its course, its extension, its influence and its structure, but alas! I can tell you nothing whatever of its cause. Pathological writers pretend to unfold cause, but how lame and impotent!

For example the distinguished professor of general pathology and pathological anatomy in the University of Leipsic, in speaking of this subject, says, "The causes of primary cancer are, in general, the same as of other new growths"; "on the causes of secondary cancer, that which has been said in general, especially holds true"; "also here stand opposed the so-called implantation and infection theories." And this is every word, only referring back by page to what has been said in general, as aforesaid. Almost as wise as the great Greeley's famous financial aphorism, "*The way to resume is to resume.*" Here the profession stands, after two thousand years' work utterly unable to tell whence or why this fearful malady comes. Little better is its treatment of it. Now I belong to the class of those who believe the time is coming when the use of the scalpel in cancer will be voted and adjudged an inexcusable *mal-practice*. But why does not the profession provide and sustain institutions for the proper care and especial treatment of cancer? Confessing an impotency as to knowledge is no reason why it should practice inhumanity as to results. It is well known that physicians in full practice cannot take patients into their houses for treatment, by the sloughing process of malignant growths, and it is equally well known that quack institutions consequently do abound where such things are occasionally accomplished, but where much more that is brutal ignorance—bald-headed assumption

or criminal knavery—flourishes in a congenial atmosphere. This ought not so to be. A profession that stands near to the vital interests and welfare of mankind should conserve that welfare and endeavor to advance those interests. A patient coming to me with a small *nævus materni* on the side of the nose was afterward cured of a fearfully malignant cancer at an expense of \$1500. Another came with such a terrible scirrhus degeneration of the left mamma and axillary region that I dared do nothing but advise it to be let alone. As near as I could judge the tumor of the breast was as large as an orange, and that in the axilla as large as two, with the hard, fibrous bands reaching out in many directions. I was not alone in advising that nothing be done; on the contrary many physicians of both schools coincided in the opinion. But this woman, with the heroism of her sex, determined to live, at whatever sacrifice of pain or peril, and going to one of the quack institutions alluded to, she had it successfully removed, and now after three years she is yet alive. Of course the old adage holds good, “He who knows nothing, fears nothing.” But I remark, in this connection, the inconsistency of a profession which curses a quack for doing something—yes, prolonging a human life—while it justifies itself by dignifiedly doing nothing; which, while conceding the terrible nature of the disease, and admitting its absolute inability to successfully combat its ravages, provides no hospitals for its

subjects where they may, at least, receive enlightened and scientific treatment and be saved from the “tender mercies of the wicked, which are cruel”; creates no corresponding bureaux in the different countries whereby comparisons might be instituted, histories investigated, and facts accumulated, that in time would, perhaps, enable it to proclaim the glad tidings to thousands upon thousands of suffering souls: the monstrosity has been disarmed!

One more allusion and I am done. What is tubercle? An eminent pathologist answers the question as follows: “Tubercle is an infiltrated or nodular growth, almost always multiple, round or irregularly formed, for the most part miliary, non-vascular, new formation of varying size which consists especially of nuclei, small and large, indifferent cells and giant cells—all embedded in reticular tissue. . . Its origin is in connective tissue of different kinds, especially that of the so-called lymph-sheaths of small arteries, lymphatics, perhaps also of small veins. . . In all these parts tubercle *probably* proceeds from a growth of the common so-called fixed connective-tissue corpuscles and the endothelium identical therewith. Whether tubercle can arise from the endothelial layer of serous membranes, blood and lymph vessels, is still doubtful. The more intimate microscopic relations of the origin of tubercle are not yet accurately known.”

So much for the description and *origin* of a disease that sweeps away

one-half of the human family; so much for the intrinsic nature of a malady whose ghostly visage has visited every family; so much for an abstract knowledge of that which actually crowds the valley of the shadow of death! Oh! Merciful Father, is there no remedy? I do not believe it; but oh! the labor involved, the self-abnegation, the sacrifice! No one man will probably ever achieve the distinction of detecting the approach of this thief in the night, but what glory to him who *contributes* to the result.

That you will hereafter work earnestly in this field, is my sincere hope and will be my earnest prayer. Unworthy though the motive may be, I

commend you to it on behalf of Hahnemann medical college, that its Alumni may not be found in the rear rank, of the great army of advanced thinkers in medicine. I commend you to it on behalf of homœopathy, for what advances it, *will bless the world*. I commend you to it because, "There is no great excellence without great labor," and finally, I commend you to it, that you may win laurel wreaths in this world, and, through the development of your intellectuality by hard, unceasing work, and the cultivation of a higher spirituality by doing it for humanity, you may wear a crown immortal in that which is to come.

DIPHTHERIA.

WM. C. DAKE, M.D., NASHVILLE, TENN.

Read at the Third Annual Meeting of the Homœopathic Medical Society of Tennessee.

It was my intention to have read to the society my paper upon this subject, but the time of the session having been fully occupied, and the hour of adjournment drawing near, I will only call the attention of members to a few conclusions regarding the nature and treatment of this much-dreaded disease.

For three years Nashville has suffered, more or less, from diphtheria; and for nearly a year past, it has scarcely been clear of it.

In eleven months, I have treated one hundred and seventy-six cases,

exercising great care in my diagnosis and treatment.

It is of those cases I desire to speak, in the light of our latest literature on the subject.

CASES.

Number of cases cured.....	105
Number of cases died.....	11
Total number of cases treated.....	176

SEX.

Females.....	111
Males.....	65

AGE.

Under five years.....	54,	of which 7 died.
Between five and ten years.....	38,	" 3 "
Between ten and twenty years.....	44,	" 1 "
Over twenty years.....	40,	" 0 "
Total number of cases.....	176	" 11 "

More of the cases occurred in October than in any other month.

CONCOMITANTS.

As concomitants of this disease we found :

Rash, a miliary eruption, sometimes general and again only in the axillæ, or on parts of the body where there is the greatest amount of heat. Four of our one hundred and seventy-six patients had this eruption.

Rheumatism is also occasionally an accompaniment of diphtheria. It occurred in two of our cases, but yielded readily to Bryonia and Rhus tox.

Epistaxis is not uncommon and may occasion considerable trouble. In the five cases presenting this symptom, we found Belladonna, Capsicum, or Nitric acid most useful.

Strangury was present in some cases, but, generally, was soon relieved by a few doses of Cantharides.

SEQUELÆ.

Diphtheria, like scarlatina, has its sequelæ, which sometimes are of a most serious character. I mention some which occurred in our cases :

Cough frequently follows an attack of diphtheria, and must be treated according to the indications. Only nine of our cases required special after-treatment for cough; they were cured by Bryonia, Kali bichromicum, Hepar sulphur or Tartar emetic.

Glandular Abscess is met with occasionally. We had it in but one case and there Hepar sulphur was efficient.

Otorrhœa in only one case. We

found Pulsatilla and Calcarea carb. successful in that.

Ozæna in four cases, in which we used Pulsatilla, Mercurius or Aurum successfully.

Erysipelas in one case only, and it yielded promptly to Belladonna.

Paralysis, usually local or partial, but sometimes general, we have seen occur in few cases, in a progressive form, affecting almost every portion of the body, but have never yet had a fatal case, except where the heart was involved. We have never seen this trouble last any great length of time, nor has it returned after being once removed. Nature, if let alone, will often overcome this form of paralysis, but we have used with greatest benefit Nux vom. and Rhus tox.

Albuminuria occurs at various stages, and there can be little doubt of the grave import of its appearance, though as yet its full significance has not been actually defined. Where this trouble is met with it must be treated according to the indications. Special value must not be attached to the presence of albumen in the urine as a diagnostic sign or characteristic. It is found, likewise, in cases of scarlet fever, pneumonia, measles, and yet other forms of acute disease. Sometimes, weeks and months after an apparently full recovery from diphtheria, Bright's disease is developed out of lymphatic, venous or cardiac derangements left behind. Cantharides, Arsenicum, Nitric acid, and perhaps also Kali bich., are remedies

calculated to anticipate, as well as correct, such conditions.

CONCLUSIONS.

1. Diphtheria is a contagious and infectious disease.

2. It does not attack persons in health. There must be an inflamed or hyperæmic mucous membrane, or an abraded skin, for the lodgement and propagation of the fungus.

3. The *specific cause* of diphtheria dwells in minute vegetable organisms—fungi—bacteria, sometimes called micrococci, and without such there can be no genuine diphtheria.

4. The disease is at first local, confined to the point of infection, but quickly becomes general or constitutional by penetration, absorption, and diffusion through the body.

5. Caustics are not successfully used in diphtheria, because they are too irritating. They only plow and harrow the field for a wider and deeper planting of the typical germs of this disease, without the ability to destroy or arrest them.

6. Alcohol is immediate death to fungus, while it quickens the circulation in the parts affected and so hastens the detachment of the membrane, and *if used in season* may be sufficient to arrest the development of the disease.

7. The physician when called upon to treat diphtheria, in the pro-dromic stage, must employ the means usual in ordinary sore throat, plus the alcohol gargle. But when he finds the typical membrane present, additional

means, such as Nitric acid, Kali bich., etc., must be brought into use.

8. The croupoid form of diphtheria can be cured, and the prognosis in cases, in general, is not so unfavorable under the influence of Kali bich., Spongia, Hepar sulph., etc.

9. External applications, such as liniments, poultices and packs are not generally advisable, except the slice of fat bacon on the throat in cases of the croupoid form.

10. Cathartics are not needed, are only productive of harm, and should be prohibited.

11. In diphtheria, tracheotomy is almost always fatal, and should not be practiced.

12. The food supply should be such as the stomach can readily digest, anything beyond that being positively hurtful.

13. The isolation of the patient is of great importance to other members of the household and the community.

14. The disinfection of a room, or of articles in it, is best accomplished by the free use of alcohol in spray or vapor—every particle of moldy or loose wall-paper being removed.

15. The convalescent diphtheritic patient should, for some weeks, avoid over-taxing the digestive organs, the muscular system, the brain and nerves, and likewise keep from being chilled.

It is my purpose, in compliance with the request of several members of this society, to enlarge my paper and to issue it in pamphlet form, for the use of the profession generally.

THE NECESSITY FOR THE USE OF LOCAL INDICATIONS IN
CHRONIC CATARRHAL AFFECTIONS OF THE UTERUS,
AND THE CLOTH-TENT THE BEST MEANS OF
APPLYING THE SAME.

E. W. BEEBE, M.D., EVANSVILLE, WIS.

Read before the Homœopathic Medical Society of the State of Wisconsin.

Gynæcology is a subject in which we as physicians ought to be interested, and especially so as homœopathic physicians, for while homœopathy has made such rapid advancement in other departments of medicine, in this it has progressed but little since the immortal Hahnemann gave us his invaluable law of *similia*. Indeed, I may say that homœopathic physicians have made little or no progress in this direction, save in the empirical use of a large number of remedies, the more important discoveries in physiology, pathology, and therapeutics, having, in nearly all cases, been made by physicians of the allopathic school; and it is not to be wondered at, since homœopathic physicians have had too much to attend to, to build up a practice amid the sneers and slurs of our aged contemporary, to labor in special fields of study. But I trust and hope the time will come when the present unsatisfactory treatment of the diseases of women will be done away with, and a milder, better and more perfect system instituted; but it is a dream of the future only to be realized, I believe, by new and more thorough provings of our remedies upon women, by persons competent

to judge between physiological and pathological conditions.

Our materia medica is notoriously deficient in symptoms brought out by well-conducted provings upon women, and I consider it the height of absurdity for a student to be enjoined to "study his cases well and find the simillimum, and a cure will follow"; for however true this may be when applied to general diseases, in gynæcological practice it is simply impossible for the student or young physician to put it into practice; indeed, the physician who has grown gray in the harness who undertakes to cure a severe case of chronic endometritis, with its endless train of nervous symptoms, by simply prescribing for for these alone regardless of the pathological condition, will fail in nine cases out of ten.

That there is a necessity for a better knowledge of these diseases is patent to all, for it may be safely estimated that fully three-fourths of our American women are suffering from some form of uterine disease, and they multiply as culture and refinement take the place of regular habits, coarse food and fresh air of our ancestors.

Becoming convinced, some years

since, that our knowledge of the materia medica alone was inadequate to the successful treatment of these diseases, I looked for help from other quarters, and after experimenting with different medicines, with varying success until the year 1871, I chanced to read a paper by Dr. Taliaffero, in the November number of the *Atlanta Medical and Surgical Journal*, on The Use of Medicated Cloth-Tents in the Treatment of Uterine Diseases, which at once commended itself to me as being a method of treatment, which, if devoid of danger and painless, could not help but be of great service in the management of these cases, and the subsequent use of them has fully confirmed my impression, and it is for the purpose of laying before this convention of physicians my experience with this simple adjuvant that I present this paper to-day. The method is undoubtedly old to many of you, yet I am certain it does not occupy the position in our armamentarium it deserves, and if I shall have been the means of bringing it more fully into use, I shall have accomplished my object. If you do not fully accord with the remedies used by me, do not reject the method, for it is not so much the medicines used as the manner of using them, to which I wish to more particularly call your attention, hoping that each will experiment for himself, and at our next annual meeting give us the result of the investigation.

My experience in the treatment of uterine diseases has led me to believe

that it is next to impossible to cure a case of chronic inflammation of the uterus with its attending discharge, without some means of cleansing the canal and preventing the leucorrhœal poison from entering the blood by absorption, as I am satisfied it does do in these cases. I cannot account for the constitutional symptoms attending this form of catarrhal inflammation upon any other hypothesis.

It is a well-known fact that if a woman suffers from uterine catarrh for some time, she will be subject more or less to the following train of symptoms: Pain in the back and loins; dragging sensation about the pelvis; menstrual difficulties; loss of appetite; feeble digestion; loss of strength; impoverished blood; nervous, hysterical, etc., etc., and all this without, in many cases, a single symptom which can be directly referred to the organ diseased. We do not find a parallel in any other form of catarrhal inflammation. One may be subjected to nasal or pharyngeal catarrh a lifetime, without producing a symptom other than that of a local character.

I am led to believe that the catarrhal discharge of the uterine mucous membrane is entirely different in character from that of other mucous membranes, this being thickly studded with Nabothian glands and utricular follicles, which give rise to the discharge, and which from undergoing a species of putrefaction and absorption, just as surely produces a species of septic poisoning as the infection of

scarlatina or diphtheria, always producing characteristic constitutional symptoms peculiar to itself of the most debilitating character, while the catarrhal secretion from other mucous membranes, no matter how severe a form, is comparatively benign in character, and scarce ever produces anything more than local symptoms.

I suspect that upon this theory is based the success I have had in the treatment of uterine diseases with Carbolic acid and Iodine; they having a peculiar antidotal effect upon the blood poisoning, as well as a specific effect on the glandular structure of the uterine mucous membrane.

The cloth-tent meets all the requirements necessary for the successful application of medicine to the uterine mucous membrane, holding, as they will, from twenty to forty minims of the desired medicine, it is kept in contact with the inflamed membrane and is slowly absorbed entering the circulation in a short time, as is proved by the patient's being able to taste the medicine soon after an application has been made.

They should be made of the *finest* bleached muslin, torn in strips an inch and a half in width and rolled compactly between the fingers, an obliquity being given the roll from the beginning so that a firm and delicate point is made, and gradually increasing in size from end to end, and when finished should be three inches in length. A little practice will enable any one to make them very nicely.

The manner of using them is very

simple. The speculum being introduced in the usual position, the cervix drawn down by the tenaculum, the cervical canal wiped dry with a pledget of cotton, and the tent introduced to the fundus with the depressing forceps, the tent being first prepared by attaching a cord a foot long to the large end, in the middle of which (cord) is tied a tampon of cotton as large as a large walnut, the tent is then saturated with the medicine desired, after which it is slightly oiled to facilitate introduction. After being placed in the uterus, the vagina should be syringed with a little tepid water to prevent the medicine from attacking the vaginal mucous membrane, and thus producing pain. The tampon of cotton is then placed in contact with the os and held in place while the speculum is slowly removed—the end of the cord protruding between the labia, so that the patient may remove it at any time she may desire to by making traction on the cord. I make the application if possible in the afternoon or evening, and the patient removes it on rising the next morning, keeping moderately quiet during the time of wearing it. I repeat the application from one to three times per week, according to the severity of the case and strength of medicines used.

When I first began the use of the tents I used dilutions of the remedies selected, but later experience has led me to believe that but two remedies are necessary as local applications in chronic catarrhal affections of the uterus. I refer to the

Tincture of Iodine and Carbolic acid. For reasons before mentioned, I use the Iodine full strength tincture, and the Carbolic acid one-tenth dilution, for ordinary cases, but do not hesitate to use the pure crystals in a severe case, they are entirely devoid of danger and no pain attending their use; indeed, after the tents are once placed in position the patients are hardly cognizant of their presence.

My indications for use are,

IODINE

in corporeal metritis and endometritis accompanied by leucorrhœa of a stringy, tenacious character sometimes mixed with blood; in cases of long standing with great debility, or when this remedy would be indicated by the general symptoms.

CARBOLIC ACID

in cases of cervical disease, and of less severity, and where the disease is more subacute in character.

I am certain that in chronic inflammations of the uterus the leucorrhœal discharge cannot with these agents be suppressed too quickly, for I have used them two or three times a week for three months at a time, and I have never seen a medicinal aggravation follow the use of either, and none but good results follow, the leucorrhœal discharge being entirely changed in character from the thick, albuminous, stringy, to that of a milky consistency, which in a few weeks ceases entirely.

As essentials to the treatment I require the patient to walk in the open air twice a day, as long as can be borne without too great fatigue, and of course dispensing with corsets or stays, with the underclothing properly supported from the shoulders, so as to take all extra weight from the hips.

Sexual intercourse, if indulged in at all, I insist shall be complete, for I am satisfied that one-half of the diseases of married women of the present day are directly traceable to sexual frauds as a first cause, and physicians can have but little hope of curing these cases without insisting that the habit be stopped at once and forever. So generally is this practiced, and without being conscious of wrong, that in nine-tenths of the cases of married women that come under my care for these diseases under the age of forty-five years, habitually indulge in frauds of some form to prevent conception. Now inasmuch as our knowledge of the *materia medica* is so imperfect when applied to the treatment of these diseases, and our success so unsatisfactory when prescriptions are made with the internal remedy alone, I do most heartily recommend for your consideration the use of local medication to the uterus in connection with the selected internal remedy, and the cloth-tent as the most efficient and satisfactory agent known to the profession for applying the same.

A CRITICAL PERIOD FOR HOMŒOPATHY.

E. M. HALE, M.D., CHICAGO.

It must appear to the most superficial observer in the homœopathic school that the present is a most critical period in its history. In fact, there is absolute danger, unless some of our leading minds mark out some line of action which shall place our school in a different position—a position to avert the crisis, or modify its effects; that we shall soon be threatened by absorption into the allopathic school.

This may appear a startling statement to many, especially those who have not watched closely the signs of times. Let us look boldly at the facts. There are many of our most prominent men who, in correspondence and in private conference, have expressed to me the same sentiment I have written above. The editor of the *Cincinnati Medical Advance*, the astute Dr. T. P. Wilson, evidently has very clear ideas about the crisis, as any one will see who reads his editorial in the October number, in which he republishes the remarkable paper by Dr. Dessau (allopath), on the Value of Small and Frequently Repeated Doses. Those who have not read that paper will be astonished to learn that Dr. Dessau, following after Ringer, of England, advises *minute* doses of Ipecac for vomiting; Arsenic for acute gastritis; Capsicum for gastric catarrh; Alum for the vom-

iting of phthisis; Antimony and Tartar emetic for dyspnœa and cough with mucous rales; Mercurius cor. for dysentery, etc. The doses of these remedies are smaller than any allopath has heretofore dared to use. A similar paper was read before the National Medical Association, which met this year in Chicago. In the various allopathic journals, during the last two years, papers on therapeutics have appeared in which were advocated medicines in doses not stronger than our 1x or 3x dilutions. I know of at least twenty prominent allopathic physicians in the city of Chicago who daily prescribe Aconite, Belladonna, Nux vom., Pulsatilla, and many more of our distinctive remedies, in doses smaller than our 1st and 2d dilutions and triturations; and they carry in their pockets medicine-cases of a pattern nearly the same as are sold in our pharmacies. They only avoid the globule for fear of being called homœopaths.

Dr. Ringer, of England, and Routh, of Scotland, were the first to openly advocate minute doses of drugs. They do not mention the name "homœopathy" in connection with these doses, except to disclaim any intention to sanction it, and explain the curative action of Aconite in fever, Belladonna in sore throat, and Ipecac in vomiting, by assuming a "stimulat

ing" action, or a "substitution," or "electric affinity." After these came Dr. Phillips.

Dr. Phillips is an apostate from our school, who, not willing to be ostracized by his old comrades, the allopaths, went back to them and wrote a materia medica in which he put nearly all our old, and many of our new, remedies, and explained their action on non-homœopathic grounds, and recommended doses as small as the majority of English homœopaths prescribe.

These writers in England are having an immense influence, and are rapidly changing the whole tenor of allopathic practice in that country.

It is this impending revolution in allopathic ranks that induced the well-meaning Dr. Wyld to write his letter to Dr. Richardson. Dr. Wyld seeks to avert the threatened absorption of homœopathy into allopathy, and the abuse of him by Drs. Lippe, Skinner and Berridge has been uncourteous and unwarranted. In a recent letter now before me, from Dr. J. Murray Moore, of England, he speaks of the impending danger as one of very grave aspect.

One of the most remarkable and significant signs of the times is the fact, that not one word of remonstrance against the recommendation of small doses, of perfectly homœopathic remedies, has yet been raised by any member of the allopathic school!

Are the members of our school aware that for several years *the* representative man in the eclectic school,

Professor Scudder, of Cincinnati, has openly advocated the use of all our remedies in minute doses? In his most popular work, *Specific Remedies*, he takes up in order all our polycrests—and even our "anti-psorias"—and gives the specific indications for them, evidently copying them out of Hahnemann and other standard homœopathic authorities. His influence with the eclectic school is almost universal, and as a result, four-fifths of that school are using our remedies according to strict homœopathic indications, and their cures are worthy of a place among the clinical records of the early days of homœopathy.

Another representative man, Prof. I. J. M. Goss, M.D., of Macon, Ga., has recently published a materia medica in which he briefly takes up all the standard eclectic, allopathic, and homœopathic remedies, and in nearly all cases recommends them in minute doses, and their application according to the law of *similia*.

One of the most recent, and the most glaring, encroachments of allopathy, was made recently by Dr. James I. Tucker, of Chicago, who, in an article on *Colocynth*, written for and published in the *Chicago Medical Journal and Examiner*, recommends that medicine for *enteralgia*. After admitting that, in large doses, *Colocynth* will cause excessive abdominal pain, and that it affects specifically the colon, he says: "In spite of this I am going to announce a fact, which I am able to fortify by an array of cases that have come under my per-

sonal observation. I state without fear of contradiction *that Colocynth will allay the pain caused by excessive peristaltic action better than any drug in use, not excepting Opium, provided it be used in the proper dose.*" The proper dose, according to this really learned and excellent allopath, is "just enough of the tincture in water to make it *slightly bitter.*" Taking this estimate he cannot use more than one-tenth of a drop to a glass of water—about the 3d attenuation. And now, already, since the publication of his article only a week ago, I learn that all the prominent allopaths of Chicago, and presumably in the country roundabout, are prescribing Colocynth for colic, as Hahnemann *first* recommended it sixty years ago!!

Now in view of these important movements of other schools, *What is the danger to homœopathy?* Various persons will have various opinions. The most enthusiastic will claim that the opposite school *are being converted to homœopathy.* But this will never be admitted by them, for they will never allow the truth of our law of *similia.* Even when they arrive at the condition where they have incorporated all our remedies and our small doses into their practice, they will never admit the truth of the homœopathic law. And what is more important, the *public* will not see or believe that the allopaths are becoming homœopaths. It may appear strange to the present generation of allopathic patrons, but another generation will become accustomed to the change and

think it a part of the regular practice; and if they make as good cures as we do, the public will give them the preference because their medicine will have a "little taste and color." A portion of our school who take a despondent view of affairs affirm that the great allopathic anaconda will swallow, entire, the homœopathic school, or, like the infusorial Hydra, will gradually enfold us by its yielding mass, and slowly absorb us.

Dr. Ad. Lippe, who represents the most fossilized wing of the radicals of our school, hoists the black flag of "no quarter to absolute liberty of thought and action," and intimates that any homœopath who does not practice as he pretends Hahnemann did, namely, *with the single remedy and the minimum dose,* should immediately separate from the homœopathic school. In anticipation of this event, which he evidently believes is near, he has evolved the Utopian scheme of becoming a second Noah, and building an ark, which he will name *The Organon* (a new medical journal), will try to save himself and a few of the faithful, namely, such men as Skinner and Berridge, of England, who are to embark in his ark with him, and thus escape the threatened deluge of "free thought and action"—and allopathic appropriation of homœopathic remedies, and possibly our law of *similia.* But Dr. Lippe's schemes will come to naught. His ark will be laden with incredible and impossible reports of cures of tremendous diseases with the 40^m of Lac

canium, or Luna 70^m, or Sol. 200^m, and after sailing in cloudland a year or two, will settle upon the mountains—a stranded wreck.

But these questions remain unanswered: How are we going to retain our cherished remedies? How are we going to maintain our distinctive practice, and not lapse into a fossil state? How are we to keep pace with the grand strides in all the sciences and arts which pertain to medicine, and still retain all the valuable characteristics of the homœopathic school?

I confess that I am unable to an-

swer any of the above questions. They are too important to be dismissed with a sneer; too important to be met with abuse and vilification.

If any one of our school will approach the subject with a proper appreciation of its importance, and can treat it candidly and fearlessly, let him enter the list. For myself I can only hope that the crisis may result in a medical millennium, when there will exist but one medical school which shall possess the sublime Art of Healing, about which there shall exist no strife, and no more unseemly wrangling.

"SORREL" IN SCIRRHUS.

B. F. DAKE, M.D., PITTSBURGH, PA.

Although I do not like to find fault so early, yet I must object to one article in the September number of the HOMŒOPATHIST, which claims for Lapis albus a cure for the case of scirrhus of breast when the use of "Sorrel" was allowed by poultice, externally, at same time. My opinion is, the Lapis had less to do with the cure than the Sorrel. The Rumex acetosella or, as it is sometimes called, "Sheep-Sorrel," has a reputation as a cancer cure, and I remember to have seen a case—in fact, he is a present patron of mine—who assures me that he had a malignant ulceration of the nose, and he applied, by advice, a

concentrated extract of this plant in the form of a plaster, eventually his nose, or what there was left of it, healed, and he attributed the cure to the plaster. He has a healthy looking stump or rudiment of a nose, and seems, for these many years, hearty and well. His disease was pronounced by several M.D.'s as cancer—I did not see it myself.

Now I have myself used the Lapis for the past two years, in cases of scirrhus, epithelioma, etc., but with rather indifferent success—improvement, but not arrest of the case. I should be glad to hear the experience of others in its use.

ON THE STRENGTH OF THE HOMŒOPATHIC TINCTURES.

LEWIS SHERMAN, A.M., M.D., MILWAUKEE, WIS.

Read before the Homœopathic Medical Society of the State of Wisconsin.

Much confusion exists in the minds of physicians and pharmacutists, upon this subject.

To the high dilutionist, it matters little if a medicine which he uses contain two, or three, or a hundred times less of medicinal substance than another of the same name and numerical strength. But to those who use the lower attenuations, the matter is of sufficient importance to demand a reasonable amount of attention. The solution or tincture of Arsenicum, prescribed in our pharmacopœias, contains one grain of the drug in one hundred minims of the solution. Many physicians use this solution as the basis of attenuation, and making from it a dilution, in the proportion of one part of tincture to nine of alcohol, call the mixture the first decimal attenuation. Others buy the third decimal trituration and dissolve it in dilute alcohol, in the proportion of one part of trituration to nine of liquid, and call the solution the first decimal attenuation. Others buy the first decimal trituration and administer it in that form or make triturations from it.

This looseness is all wrong, for it not only subjects the school to deserved ridicule, but may lead to serious blunders. I have known even a regularly graduated homœopathic

physician to poison a patient by giving the first attenuation of Arsenicum in trituration, supposing it to be of the same strength as that which other physicians call the first dilution. The tincture of Sulphur, which contains about one part of Sulphur in two thousand parts of alcohol, is used by many physicians as a basis for making the first and higher attenuations, containing each about one thousandth part as much Sulphur as the triturations of the corresponding numbers. The *tinctures* of vegetable and animal substances are often, regardless of their strength, made the basis of attenuation.

There are now two homœopathic pharmacopœias in use in this country, the German, of Dr. Willmar Schwabe, authorized by the Homœopathic Central-verein of Germany, and the British, approved by the British Homœopathic Society. Some American pharmacutists use the former work, and some use the latter, while others regard neither. Hence most of the tinctures in use are of unknown strength.

In the German pharmacopœia, the expressed juice of the fresh plant is taken as the basis of the attenuations, in the case of tinctures made from fresh plants; and the drug itself, in the case of tinctures made from drugs.

In the British pharmacopœia, ten times the weight of the dried plant is taken as the basis, in case of tinctures made from fresh plants, as well as in case of tinctures made from some drugs; while in case of other drugs, the original substance is regarded as the basis. According to this system the sign \emptyset indicates in some cases the crude drug, and in other cases the strongest liquid preparation; the triturations of *Nux vomica*, *Cantharis*, and many other drugs are ten times as strong as the corresponding dilutions; the triturations of other substances are from one and one-half to six times as strong as the corresponding dilutions. In the words of the authority itself, "The first decimal attenuation of a mother tincture corresponds in medicinal strength to the first centesimal attenuation of a trituration or watery solution."

The German method is faulty for the reason that the *expressed juice of a plant neither contains nor represents the medicinal properties of the plant*; for nothing is more certain than that in most plants there exist substances which are insoluble in water but soluble in alcohol. These substances are not in the expressed juice but remain in the plant after the pressure and may be extracted by means of alcohol. Other objections to this method may be raised, but the above alone is sufficient to show it to be both scientifically and practically a failure.

The British method is faulty in that it has *no real and uniform basis*. The

lack of uniformity in this system must become a source of great confusion among all except those who can afford to buy a copy of the British pharmacopœia and spend the time necessary for its careful study.

Since neither of the above authorities has attained general acceptance, and the international pharmacopœia remains unwritten, the subject of this article may be regarded as open.

In brief then, I propose to make the fresh plant the basis of attenuation in all cases in which the fresh plant is used in making the tincture, and the drug the basis of attenuation in all cases in which the tincture is prepared from the drug; premising that the fresh plant shall be used whenever it is obtainable in any country in which homœopathic tinctures are made, unless some particular virtue is to be developed by the drying process.

On this plan, the material from which the tincture is made is always made the basis of the attenuations, and the dilutions have the same strength as the corresponding triturations. For instance, the first dilution of China will represent (cubic centimeter for gramme) the same quantity of the original substance as the first trituration; the first dilution of *Ipecacuanha*, *Nux vomica*, *Cantharis*, *Apis*, or *Digitalis*, will represent the same quantity of the original substance as the first trituration, and so on throughout the whole range of the materia medica and the whole scale of the attenuations. The sign \emptyset should be used to denote the crude

drug, and the sign \emptyset to denote the strongest liquid preparation.

In the German pharmacopœia, the first decimal dilution of Aconitum represents in *ten* parts, one part of *Aconite juice*.

In the British pharmacopœia, the first decimal dilution of Aconitum represents, in *one hundred* parts, one part of *dried Aconite plant*.

In the system I advocate, the first decimal dilution of Aconitum represents, in *ten* parts, one part of *fresh Aconite plant*.

The advantages of taking the original substance as the basis, are simplicity, naturalness and precision. In this we have a uniform, concrete starting point which is not subject to the irregularities of mechanical or chemical preparation.

The strength and the solvent of every tincture should be marked on the bottle which contains it, in order that physicians may know where to obtain and how to prepare uniform and reliable medicines.

ACUTE GASTRITIS.—HOT WATER.

E. M. HALE, M.D., CHICAGO.

A child, five years old, was attacked with violent vomiting and great burning-pain in stomach; red tongue, fever, thirst, constipation. Arsenicum 6 and 30, Belladonna 3 and 30, for two days, did no good. At first cold water was allowed; afterward, as it always increased the pain and vomiting, pieces of ice were given, but this did not relieve. On the third day the child was evidently sinking—extremities cold, pulse quick and thready, countenance pinched, great anxiety, restlessness. Aconite did no good; neither Veratrum album. The thirst was agonizing—she was frantic at the sight and sound of water, and

grasped a cup with insane eagerness.

It occurred to me to use water homœopathically, and I ordered a table-spoonful of water as hot as she could swallow it, to be given every ten minutes, and all medicine suspended. The result was magical. After a few doses of the very hot water, the vomiting ceased! Only after much motion would retching occur, but a continuance of the hot water completely arrested all nausea or retching. After the improvement had remained twelve hours, I allowed weak, *hot* beef-tea, and very hot milk, which she retained, and perfect convalescence followed.

“’Tis autumn, and the leaves are dry,
And rustle on the ground,

Producing in'ards of cigars
At a trifling cost per pound.”

THREE CASES OF HYPERÆSTHESIA.

C. W. BOYCE, M.D., AUBURN, N. Y.

CASE I.

Miss H., aged twenty-five is our first case. This young lady has been subjected to three serious shocks. When quite young her brother next younger, the pet of the family, was found at the bottom of the river, in the rear of the house, drowned. From this shock she seemed soon to rally, and to all appearances she was as well as before. At school she studied very assiduously—so much so, that she soon showed symptoms of nervous exaltation, which finally culminated in an attack of what was called “hystericks”; with rest and remedies she soon recovered so as to resume her studies. Again hard study brought on another similar attack, gradually came on what Garratt calls, “An exalted susceptibility to impressions.” This was manifested especially in the organs of special senses. The eyes were sensitive to light; the ears to sounds, and the cutaneous nerves to the touch. In fact this was the beginning of this first case of hyperæsthesia. Next in the course, somewhat over two years ago, her father, who was at the time trimming grape vines, came suddenly into the house saying, “This is paralysis.” He became immediately insensible, and only lived two or three days. This shock was so great that our patient lost her reason for a time

(some two or three days), and when she became rational again, the following condition showed itself: Intense pain in the back part of the head, with inability to rise up; extreme sensitiveness of all the special nerves; fever and prostration; throbbing of the carotids, and red face. Under Belladonna she seemed to improve for a few days. She was able to sit up for a short time and ate sparingly; still the sensitiveness to impressions continued. For a week or more she received Belladonna, which, to my surprise, did very little for her. Then a few doses of Ignatia, which also failed to relieve. After another week of failure, her friends concluded to take her out on the water and try whether diversion of her mind would not be beneficial. With great care she was conveyed to the boat and rowed several miles. When well, this was a favorite amusement. She said nothing to her friends while in the boat about how it affected her to ride, but when she got home it was found that she was much worse. Noise became so unbearable that even that necessarily made at table, at the extreme end of a large house, could not be endured. Light was unbearable. Odors, also. Any jar on the bed or floor, or even the shutting of a door in any part of the house, could not be endured. The pain in the back of

the head and spine at this time was very severe. With this perfect picture of Belladonna, I was sadly disappointed that it did not relieve. I told the family that I could give them no encouragement. Whilst sitting by her bedside, holding her hands, she said to me, "Oh! how dreadful the motion of the boat was." Only a few questions and Cocculus was sent for and given. Probably no one who reads this article has failed at some time, in his professional career, to observe the effects of *the properly-administered remedy and its results*. Only he who has experienced this can realize the change following the taking of Cocculus, by Miss H. As I held her hands I could, from moment to moment, note the quieting of the system, which culminated in an incredibly short time in sweet, quiet sleep—the first for several days. One single prescription of a drop of the 6th dilution in one-third of a glass of water, in teaspoonful doses, every two hours, cured this dangerous condition. On getting about there was increasing hyperæsthesia.

Again, one year ago, a servant girl who had been in the family for years, a faithful person and greatly loved by them all, was taken with spinal-meningitis, and only lived twenty-four hours. This shock sent our patient again to bed with the same symptoms given above, only in a diminished intensity. Cocculus relieved her as promptly as before, and in a few days she was ordinarily well. Each shock produced its serious symptoms and

left her in an increased hyperæsthetic condition. Cocculus does not relieve this, nor has any remedy which she has taken. In Miss H.'s case, there is no tenderness of the spine, nor is there any marked sensitiveness of the cutaneous nerves. The special senses and the emotional sphere are in that state which well corresponds to Garratt's definition of hyperæsthesia, viz., "An exalted susceptibility to impressions." Rest and quiet are imperatively necessary to her comfort. Any severe exertion makes her sick, with a tendency to a return of the pain in the back of the head and spine. Her mother tells me that a characteristic of our patient is, that when her mind is turned away from herself her sufferings are forgotten.

From symptoms reported in a proving of Piper methisticum, by Dr. Griswold, of San Francisco, Cal., in the June, 1877, *Hahnemannian*, and from a card received from Dr. Griswold, I have been led to give this remedy. These symptoms are "Pain in the back of the head and spine, and relief from all sufferings, temporarily, by change, (mental or physical,) slight excitement, or diversion of the mind to some other topic." Dr. Griswold recommends to give the Piper m. in the 3d or 6th, and go down in the scale of dilutions in case no relief is gained. Without complete rest and quiet, and relief from excitement and shocks of any kind, I can look for no permanent relief; with these helps, and the proper remedy when found, I hope to pro-

duce a lessening of this exalted nervous erethism.

Sept. 17, 1877. To-day the patient's brother called and said that his sister had been materially quieted by the Piper m. It is too soon, however, to tell how much it will help toward a cure.

CASE II.

Ten years ago, Miss Blank, a bright and intelligent girl, was attending school where she thought it was necessary to finish her education in the shortest possible time. Her studies alone occupied her from five in the morning until ten at night. Being very popular and greatly respected, she was asked to do many things besides her regular studies. One was to preside over a club or society formed in the school, which involved quite a little additional work. The result was, that instead of going to rest at 10 P. M., it was always 12 or 1 A. M., and often 2 or 3, before she went to bed. This continued for one whole year before graduation. Some time before the close of school she found that the back part of her head and the back of the neck pained her, and at the close, this pain was constant. Instead of resting then, before doing any other work, she immediately began to prepare for teaching. She taught for perhaps one year, hearing the pupils recite a part of the time reclining on her bed. She was taken home, where she has since remained, an invalid. At first she was treated "heroically," and where, do you suppose? At her head and spine? No!

but at the other end of her body, with cutting and cautery. A specialist treated her uterus for ulceration! Poor girl, she could stand this only for a short time, and so fortunately got rid of the specialist before he killed her. When I first saw Miss Blank, it was in May, 1868. I treated her for one year, at the end of which time she was better, but not well. All her trouble seemed to be in the back of the head and neck, with pains radiating from this region even down to the arms and legs. She could not read or apply her mind at all on account of the distress in the head and neck. Comfort only came from absolute rest, both in mind and body. Sometime after 1871, she went to Saratoga, and was under the care of Drs. Strong, where she improved quite a little, and when she went home she had good hope of getting comfortable *providing she gave herself proper rest and care*. Feeling better she went to work about the house until she undid all that the Drs. Strong had done for her. From that time until last June she has been unable to do anything or even to enjoy any real comfort. Rest would always relieve her to a certain extent, but she did not improve. In June last, (1877,) I found the following condition: Tendency to pain in the back of the head and neck, with inability to pursue either mental or physical work for any length of time; soreness or tenderness of the dorsal spine; pressing upon the dorsal spine produced pain in the stomach, which became tender to touch. There was

pain and tenderness of the right ovary. One peculiarity of this case is, at any moment there is liability to attacks of tenderness and pain in some part of the cutaneous surface, greater or less in extent, coming on suddenly, continuing indefinitely, and going away slowly to come in some other part at some indefinite future time. When I saw her last, the inner-upper part of the thigh was the seat of this phenomenon. In this case there is undoubtedly (according to Hammond) anæmia of the posterior columns of the spine, called by him "spinal irritation." The menses are regular as to time, quality, and color, with red leucorrhœa. Since the local treatment, there has been an unpleasant odor, which was relieved by Kreasotum. In this case, pain and tenderness are almost always present. These complete Garratt's definition of hyperæsthesia, viz., "An exalted susceptibility to impressions—a condition expressed by tenderness; *pain* and tenderness are its characteristics."

Miss Blank is never free from pain or tenderness of some part of the surface of the body. There is no evidence that there is any inflammatory action in the cutaneous surface at any time during this tenderness. The appearance of the skin is the same before, during, and after this tenderness; consequently it is fair to suppose that the seat of the cause is in the grey matter in the posterior column of the spine. It is not clear what the pathological condition is, but we suppose that there must be hyperæmia of the

sensitive cells, in order that this exalted impressibility should be present.

Two weeks ago I gave Miss Blank six powders of Natrum mur. 200, one to be taken every night on going to bed, and to-day, Sept. 14, 1877, am in receipt of a note in which she says, "four of the powders had no apparent effect, but the fifth quieted me very quickly, and I slept long and well. The sixth powder worked to a charm." I gather from this note that the Natrum mur. has given her great relief, but I cannot hope to cure her with Natrum alone.

Sept. 18, 1877. To-day Miss Blank called on me and reported that she felt better in so far that her head ached less, and that there had been less of the cutaneous sensitiveness. She sleeps better and feels more hopeful. I did not disturb the action of the Natrum mur.

CASE III.

The third case, that of Miss U., is one with which I am not at present familiar. I call attention to it because it so completely exemplifies our subject.

A few years ago Miss U. attended a school at or near Philadelphia. This school is celebrated for its excellence, and for the high standing of its pupils. As I understand it this is a ladies' school where all branches are taught. Our patient undertook to learn and recite the studies of two years in one, the consequence of which was that she was reciting nearly if not quite all the time devoted to school hours. She studied nearly

or quite all night. The wonder is that she was able to keep up for the whole year. Some time after the close of the school year, when she graduated, I was called to see her, when I found, as near as I can recollect, the following condition: The pulse was less than fifty, and regular; there were chills and flushes, but these did not alter the pulse; there was the most complete and extensive hyperæsthesia that I ever found; the entire cutaneous surface was so tender that it could not be examined without great suffering to the patient; the hypogastric nerve was involved so as to produce almost constant cough; expiratory sounds were louder than inspiratory. She had slept almost none since she left school. At school

she was so wakeful that it was no task to study all night, and now, when through, she could not sleep when she wanted to. It has been some two or three years since Miss U. has been out of school, and during that time she has not improved materially. No medicine that I have known her to take has done her any good. In her case the whole nervous system partakes of this exalted susceptibility to impressions. She had the same disposition to pain in the back of the head and spine that the other two cases had, with prostration.

Since writing the above I learn that Miss U. has been materially benefited by Dr. Smith, at the Geneva Water Cure. I did not learn what course was pursued in her case.

EXTRAORDINARY CASE OF NERVOUS DISEASE.

WM. H. HOLCOMBE, M.D., NEW ORLEANS, LA.

Presented to the Homœopathic Medical Society of Tennessee.

DYSPEPSIA, AUDATORY VERTIGO, CONJUGAL ONANISM, PHYMOSIS.

Mr. B. is a large, fine-looking gentleman, forty-two years of age, who has always led a thoroughly temperate life, and was blest by nature with a powerful constitution. He consulted me about four years ago for dyspepsia with violent headaches. The headache, he said, was an inherited constitutional malady. He was quite deaf in the right ear and had disagreeable and troublesome noises in both

ears but more in the right. Thorough syringing brought away some hardened pieces of wax without improvement of the hearing or diminution of the noises. The case went on in this manner without any permanent benefit to any of his symptoms for a year or more, when a sudden and more alarming symptom appeared.

This symptom was vertigo, coming on as quick as lightning, producing a sudden fall to the right side, and great prostration. The patient, al-

ways vomiting but never loosing consciousness, lay helpless with feeble pulse and profuse perspiration, for at least fifteen minutes before he could rise again. He could not open his eyes without deadly nausea on account of all visible objects seeming to whirl around from left to right with great velocity. It was several hours before he recovered his natural condition.

On the appearance of these vertiginous attacks the constitutional sick-headaches occurred less and less frequently, and finally ceased entirely. The vertigo, however, became more frequent, violent, and alarming, and the patient was almost afraid to leave his house or go about alone, as some disagreeable attacks occurred in the street cars and other public places. The important question was to settle the pathology, Was it gastric or cerebral vertigo? The best selected remedies according to the symptomatology had no permanent effect. Agaricus did more good, and for a longer time, than any of them, but that, too, finally lost its effect. I came to the conclusion that it was a case of Meniere disease—that strange affection of the semi-circular canals of the internal ear, whose function seems to be intimately connected with the maintainance of the equilibrium of the body. Nothing, however, did it any good, not even Quinine, recommended highly by some French authorities, and I began to consider the case organic and probably hopeless.

He now passed for several months

into allopathic hands, and purgatives, alteratives, tonics, etc., were tried in abundance. He seem to derive a good deal of benefit from Fowler's Solution of Arsenic, Pepsin, and Muriatic acid, but after awhile he was worse than ever. I was called in again, and the case slowly progressed from bad to worse with a new and formidable set of symptoms. The patient became nervous, excitable, hypochondriac, and was frequently deprived of the use of his limbs for short periods of time. This numbness and temporary paralysis was exceedingly distressing to him. The vertigo became less and less severe, but his gait became permanently unsteady. He staggered and reeled on attempting to walk, and frequently on standing would loose all power and drop suddenly to the ground or floor. He was afraid to go alone, and it was singular that he could walk several squares arm-in-arm with some other person, when if left alone, he would immediately fall down. All this preyed upon his mind so much, and he became so unwilling to go out, or even to sit up, that there was great danger of his becoming bed-ridden and incurably hypochondriac.

There was a curious alternation of symptoms between the upper and lower half of the spinal column. When he was giddy, nauseated, and powerless in his arms, he could stand, walk, kick, or do anything with his legs he pleased. When, however, everything gave way, as he expressed it, from the loins and hips downward,

his head was perfectly clear and steady, and the grip of his hands was exceedingly powerful. During all this time he had retained flesh and color, and I became convinced, that with the exception of some possible disease in the internal ear, the whole train of symptoms was indicative of severe *functional* disturbance of the cerebro-spinal system without *organic* lesion.

I set to work to make the most minute inquiries to detect the primal cause of the trouble. The dyspepsia, the constipation, the headaches, the deafness, the hypochondria were of secondary importance, all the other symptoms were sympathetic and reflex, and I felt sure the trouble would be found in the sexual system. He had never had any venereal disease, and had been chaste before marriage and uncommonly temperate afterward. He had never had any nocturnal emissions (since marriage) and no spermatorrhœa or trace of stricture. He only confessed that he was sensitive about the sexual organs, and that the emission of semen during embrace was too rapid and unsatisfactory. It was at last by accident that I discovered a fact, which, if earlier known, might have saved a world of trouble. This gentleman, to save his wife from another pregnancy, had made use of a condom, during cohabitation, for eight years, and never once during that period had he enjoyed a single, natural, perfect and satisfactory intercourse. Nature had slowly avenged

herself by the gradual accumulating mass of morbid phenomena above enumerated.

I explained to him the terribly injurious nature of the habit and it was at once abandoned. I then put him on long courses of Phosphoric acid, Gelsemium, and Phosphide of Zinc. Strychnine and electricity had been employed without benefit, but these last remedies, homœopathic to the state of the nervous system injured by sexual irritants, were promptly restorative. He improved very much in the next six months, and became able to walk about at pleasure and attend to a very extensive and diversified business.

There came another stationary period and symptoms of relapse. I felt something was still undiscovered. I insisted on examining his genital organs, when I found he had a congenital phymosis of considerable extent. The skin of the prepuce had never in his life slipped back entirely behind the corvora glandis. This anatomical imperfection, in conjunction with the use of the condom, was enough to explain all the mysteries of the case. The phymosis was cured by the usual operation, and now after six months without further medication our patient appears to be in excellent health.

Bearing upon the above case, and largely explanatory of it, the reader will find a case of inco-ordination of movements and loss of equilibrating power produced by phymosis, and promptly cured by circumcision, in

the Boston *Medical and Surgical Journal*, for Jan. 18, 1877, quoted in the *Monthly Abstract of Medical Sciences* for last March.

CIMICIFUGA RACEMOSA IN NERVOUS APPREHENSION, TREMORS AND TENDENCY TO SYNCOPE.

JOSEPH H. MCDOUGALL, M.D., NEW YORK.

On July 4, 1877, Charles —, aged fifteen, was burned by the explosion of a bottle of powder with which he had been playing. The face and palmar surface of both wrists were burned superficially; but (what was regarded as more serious,) he had received a severe nervous shock, which manifested itself in loud cries, groans, violent convulsive movements of the limbs, and severe nervous tremors of the whole body. A physician was immediately summoned, who (being a "regular") at once gave him a hypodermic injection. This was a few minutes past 12 M. He then dressed the wounds and left. The Morphia seemed to have no effect (except to produce nausea,) the cries and tremors continuing apparently unabated, I was called at about 4 P. M. I put five drops of *Cimicifuga racemosa* into fifteen teaspoonfuls of water, and at 4:10 P. M. gave him one teaspoonful; at 4:30 P. M., two teaspoonfuls, and at 5 P. M. one teaspoonful, a few minutes after which he fell into a quiet sleep, which lasted about an hour. When he awoke, he felt so relieved that he began to sing joyfully, and said that all the pain

had gone, (except a slight pain in one wrist) and that he felt relieved after the *first* dose. *He wanted to go out to enjoy some more fireworks.*

When about twelve years of age, I was attacked with *coup de soleil*, after which I would faint from a very slight cause. On two occasions I fainted while *listening* to accounts of surgical operations. I fainted on witnessing the first operation at the college clinic. I considered the active cause of these attacks as *nervous apprehension*. Acting on this hypothesis, I provided myself with a vial of *Cimicifuga racemosa* 3, and found, upon experiment, that it acted like magic in preventing *syncope* when witnessing surgical operations. The premonitory symptoms of these attacks were, great *nervous apprehension*, a clammy feeling of the palms of the hands, and sometimes slight nausea. After fortifying myself with two or three doses of *Cimicifuga*, I would feel a gentle heat diffuse itself clear to the tips of my fingers, and would then feel an almost entire indifference to the physical sufferings of the patient operated upon, though she cried piteously.

I was a member of the class that

survived the ordeal of that *unprecedented* examination in anatomy at the New York Homœopathic Medical College, session of 1875-6, the written part of which occupied the class more than nine consecutive hours. Before going into examination, I took one or two doses of Cimicifuga, after which I felt cool and collected, and the way my memory behaved on that occasion was astonishing to me, for I had had very little confidence in it before this time.

Indeed, so great is my confidence in the sedative power of Cimicifuga, that, were I to be married to-morrow, and had the least suspicion that on that occasion my knees would play an ungraceful accompaniment to the wedding march, I would have recourse to that potent remedy, feeling assured that with its friendly aid I could march firmly to the altar, with the air of a victor about to be crowned, and, looking upon my trophy, mentally exclaim "*Veni vidi vici.*"

HOMŒOPATHY ILLUSTRATED

SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrators and forward them to the editor.

10.

ARNICA IN EPISTAXIS.

C. A. Mooers, Lawrence, Mass.

James L., aged twenty-six, an employe of the Pacific Mills, came to me in March last for a troublesome epistaxis which had lasted about three weeks, it was growing constantly worse. There was nothing peculiar about the case except that the *bleeding occurred when washing the face*. The blood would run suddenly and profusely as soon as the water touched the face.

Gave Arnica 3, and the bleeding ceased after the first dose.

I have found Arnica a specific for

cases with this characteristic of *bleeding on washing the face*.

I have often met with such patients in the country, especially in the hay-ing season, who heat their blood in the field and on washing for meals are troubled with epistaxis.

11.

OPIUM IN CONSTIPATION.

C. A. Mooers, Lawrence, Mass.

Mr. D., after the usual course of old medicine, came to me for relief of obstinate constipation of many years standing. He served three years in the army and it was so bad there that he had to carry a syringe with him

wherever he went. He had the camp diarrhœa a short time, but when that ceased he was as badly constipated as before. The only symptom of note was almost total inertia of the bowels. He said that he could hardly remember feeling a good healthy desire for a stool.

I gave him a vial of pellets saturated with Opium 10, and directions to take three pellets three times a day. His bowels moved without the syringe the next day, and have continued regular ever since, a period of about six months.

12.

ALMUNIA COUGH.

Claude P. Norton, Philadelphia Pa.

On the 2d of February, a delicate-looking, dark-haired woman of about forty years of age, applied for treatment for a cough which she had had for twelve days, and to which she was subject in cold weather. She said that a cough acquired in the cold season would always last till the warm weather came, unless it was sooner cured by medicines. The cough was worse in the evening and at night. The night previous she had coughed all night long, it was also aggravated on getting up in the morning, likewise from laughing; the cough lasted a long time before any sputa was raised, and the longer she coughed the greater was the inclination; it was ameliorated by lying flat on the face. The top of the head was painful during an attack and the paroxysms made her feel very weak. Her voice was weak and

hoarse, the latter increased in the morning. The nose was red; mouth moist, and lips dry; breathing was somewhat "wheezy." She was very nervous, and easily laughed or cried.

A few doses of Alumina 30, daily, were given, and in a week or ten days the patient was well.

13.

SQUILLA FOR STITCHING PAINS—
LEFT SIDE.

Claude R. Norton, Philadelphia, Pa.

Margaret W., a stout, German girl of twenty years of age, during convalescence from typho-malarial fever, presented the following symptoms: Frequent, violent, and sudden attacks of stitching-pain in the left side, about in the region of the spleen, sometimes causing her to cry out in great anguish; during a paroxysm the breathing was very rapid and superficial; the cheeks were bright red and she perspired profusely, especially on the forehead. The pain was aggravated by coughing, breathing deeply, from motion, and by pressure on the affected spot. It was especially worse at night. Moist heat applied to the side gave some relief. The pulse was very rapid; the tongue was red at its tip, and coated with a yellowish covering on the back part; there was a brown crust on the lips.

Bryonia and Kali carb., each given for twelve or eighteen hours, did no good. Squilla 200, in water, gave relief in six hours, and in a short time the attacks of pain ceased.

NEW PUBLICATIONS.

ENCYCLOPÆDIA OF PURE MATERIA MEDICA. A Record of the Positive Effects of Drugs upon the Healthy Human Organism. By TIMOTHY F. ALLEN, A.M., M.D., Professor of Materia Medica in the New York Homœopathic College; with Contributions from Dr. RICHARD HUGHES, of England, Dr. AD. LIPPE and Dr. C. HERING, of Philadelphia, and others. Philadelphia and New York: Boericke & Tafel; Vol. VI., pp. 647; 1877.

As each volume of this valuable work makes its advent, we feel an increased confidence in our ability to meet and cope with the more difficult problems that are met in the healing art. As the rifle and ammunition to the huntsman; Blackstone to the lawyer, so is the Encyclopædia of Pure Materia Medica to the homœopathician. This new volume (vi.) adds to those preceding all that is known, pathogenetically, of the new and old remedies from Lycopodium to Niccolum inclusive. Symptoms that are unfamiliar, having been noted in the more recent provings, appear with the old familiar "way-marks." We have no criticism to offer on this volume, the work is so great that the few errors that will always follow the greatest care, are in this instance entirely eclipsed by the general perfection attained. Scarcely a day has passed that we have not had occasion to refer to the preceding volumes, and quite as often have we been thankful

that this comprehensive work was undertaken, disappointed that it was not yet completed, wishing to interview Phosphorus, Nux, or Mercurius more fully than the ordinary textbooks would admit.

It is a satisfaction to know that the various potencies were used in the provings that make up these pathogeneses, thereby bringing out the various shades of drug action. That the potency is often indicated after a symptom, or group of symptoms, is also an advantage, not only because it gives men of various beliefs, in regard to the dose, confidence in what they determine upon, but often hints the potency to be used in a given case. The more condensed works have their field of usefulness, but in intricate cases, where the greatest laurels are to be won, the Encyclopædia of Pure Materia Medica is indispensable.

CLINICAL THERAPEÛTICS, Part III., contains Conium, Ignatia, Lycopodium, Natrum mur., Pulsatilla, Veratrum alb. and part of Arsenicum. By TEMPLE S. HOYNE, A.M., M.D., Professor of Materia Medica and Therapeutics in Hahnemann Medical College of Chicago. \$1.

We have lately received this third part of the series, which we take pleasure in noticing, having already received substantial aid from the preceding numbers, which at first we

esteemed useful, but now *valuable*. Knotty cases, where the choice lies between two or three remedies, can here often be unraveled and some idea formed, as well, how soon to ex-

pect favorable action. In prescribing by letter, or for patients who cannot be seen readily, this series will be found particularly useful.

EDITOR'S CABINET.

THE fear that Dr. Hale expresses in his article, in the present number of the HOMŒOPATHIST, that the homœopathic school is in danger of absorption into the allopathic, may have some grounds, but we think not from their using their remedies in small doses and according to homœopathic principles. The more they use of our remedies, using them according to our principles, the better for us, and the better for suffering humanity. We do not fear their saying to the public that they do not use them according to homœopathic principles, for the facts are with us, and the facts must win in the long run. It will be hard to make an intelligent person believe that when vomiting is cured by small doses of Ipecac. there is no similarity of symptoms between the state cured and that produced by larger doses of the drug—especially if the person has ever tried the larger doses. His knowledge is very personal in that case and easily remembered.

The more instances the allopaths will give us of just this kind, the more surely will we bring them and the general public under conviction of the fundamental truth underlying homœopathic practice. More than this, if they will use our *best known* and *older remedies*, using them, as they must, in similar diseased conditions to those for which we have so long proved them to be curative, they will so much the more certainly give us the victory. We have the ear of the intelligent part of the community too thoroughly to make any denial of the fact, or any bluster about homœopathy,

avail against the facts so palpably on our side.

It is not a question then with us "How are we going to retain our cherished remedies?" but, How can we get our allopathic brethren to use them in harmony with the law of similars?

We cannot see how "the grand strides in all the science and arts which pertain to medicine" can interfere with the "valuable characteristics of the homœopathic school." Where any error has crept into the school, or where only a partial truth has as yet been evolved, the "grand strides" will sweep the former away, and bring the whole truth out of the latter. We certainly need not fear for the "valuable characteristics." With live teachers and live journals we will not fossilize. We pledge the HOMŒOPATHIST to do its share to prevent any such result. We cannot feel Dr. Hale's fear of absorption of the homœopathic school into the allopathic, nor entertain his hope of a medical millennium of but one school as a result of any transition of practice in the near future.

WHILE money is so hard to get, and the depression of business generally suggests strongly the need for curtailed expenses, yet we predict for the Encyclopædia of Pure Materia Medica, (of such vital moment to a physician's success,) an *increased sale*. Indeed, the more stringent the times become, the more knotty are the cases that come under our care—the physician not being called until the last domestic resource has failed, hence one's

acquirements in materia medica are at once put to the most searching test. To conduct such cases from day to day, conscientiously, skillfully, often requires hours with materia medica, and in those hours we have appreciated the benefits that this complete work offers. Household and personal expenses may be safely lessened, but to do without one book that will increase our facilities to hold and cure patients under our care, would be poor policy indeed.

THE HOMŒOPATHIST has been selected by the members of the Homœopathic Medical Society of Tennessee, as the medium through which their important papers shall be given to the profession at large. The proceedings of the recent annual session will appear in the December issue. •

THE large increase in the number of matriculants, at all the homœopathic colleges, this year, is an encouraging and significant fact.

MEDICAL MEMORANDA.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL.

The Eighteenth regular winter session of this institution was opened on Tuesday evening, October 2d, with an introductory address by Professor Harlan P. Cole, preceded by a few remarks from the president, Dr. A. E. Small. The members of the Quartette Club were present and finely rendered some five or six numbers before proceeding to the hospital, where they again entertained the assembly during the supper that was served to all the students and their friends. Short speeches were made by the members of the faculty, welcoming the members of the class and the professor of special pathology and diagnosis, Dr. Asa S. Couch, of Fredonia, N. Y. On the following evening Dr. Couch gave his introductory to the course on Special Pathology and Diagnosis, and Professor Ludlam treated on Traumatism as a Factor in the Diseases of Women. The college opened this year with ninety matriculants, and, at this date, we understand there are over one hundred and thirty in attendance. The prospects are that the total number for the winter will not fall far short of one hundred and fifty. The present course now in progress is the most successful one in the history of the college.

RED RIDING-HOOD.

The young misses and masters of Chicago presented themselves on the afternoon of October 2d, pursuant to the programme, "in full effect," in a little operetta called Red Riding-Hood. It was produced under the management of Mrs. Harlan Page and Mr. Martine, for the benefit of Hahnemann hospital, and a very substantial benefit it turned out to be, for McVicker's Theatre was filled with the friends of the little people. The arrangement of the tiny operetta, the aptitude of most of the little performers, and the beauty of the scenic effects, were the objects of general commendation. The pleasure to be derived from such performances depends largely upon the mood in which people go to see them, and certainly the audience was imbued with a generous and kindly spirit. Of the entertainment itself we can merely say, by way of supplement to the applause which greeted it, that it was a very amusing thing and very amusingly done. The young people sang very creditably, and generally speaking comported themselves in a manner which must have been gratifying to their parents and friends. It was repeated on the following afternoon. The substantial sum of \$800 was netted to the hospital from the entertainments.

CHICAGO HOMŒOPATHIC COLLEGE OPENING.

Despite the rain a large number of ladies and gentlemen assembled in the lecture-room of the Chicago Homœopathic College, corner of Michigan avenue and Van Buren street, to take part in the opening exercises of the coming year. The room presented a very bright and pleasing appearance, because of the improvements made during vacation, and because of the profuse and tasteful array of flowers and foliage.

Prof. J. S. Mitchell, president of the college, opened the exercises with remarks relative to the events of the past year, and referred particularly to the generous support and warm indorsements which the institution had already received from students and members of the medical profession throughout the state and country. He rejoiced that the opening class was more than twice as large as that of last year.

Professor J. W. Streeter delivered the introductory address, which was listened to with marked attention and warmly commended by applause. He reviewed the course of a practitioner of medicine from his student-life, through the trying period of getting a start and earning a name and place for himself. He pictured graphically and dismally the hardships and adversities that were to be met, and the gratifying successes which were sure to follow a close application to art and science; the care and vexations of a doctor's life and work. He also apotheosized, so to speak, the profession, and attributed the most philanthropic motives to the true physician. The close of the address was devoted to sound advice to those about to commence the study of medicine. He admonished them to habits of industry, and said that while there was an alpha there was no omega to the science. He cautioned them in regard to the minor matters, —a cheerful and polite manner, good address, neat appearance, etc.,—which had much to do with a physician's success.

The Rev. Robert Collyer was invited to speak, and he did so in his whole-souled, felicitous manner. He said that in one

respect he was a poor friend of the physician, for he was about the "wellest" man in Chicago. He had never in his life been sick abed one day, and he intended never to be. When he thought that his life-work was done, he wanted to lie right down and die without any physician near. He, however, believed in the profession. When he felt a little unwell he went to a physician and got a prescription. Then he got the powders, pills, or bottle of liquid preparation and went home. He put the medicine on the shelf and let it stay there. He got well, and knew that, though he had not taken the medicine, it was the prescription that had done the work. Assuming the air of seriousness, he drew interesting lessons from the remarks of the preceding speaker, and dwelt quite at length upon the great importance of a physician's cultivating habits of cheerfulness, and carrying with and in him a healthy, hearty, sympathetic brightness of countenance and buoyancy of spirit. Another leading thought in Mr. Collyer's remarks was regarding stability of purpose. When one had determined to adopt a profession—and one could succeed in a calling for which he was not naturally qualified—he should stick to it, and make every thought and every act bend to the purpose and interests of that work.

Professor Woodward, the father of one of the professors of the college, followed in a few interesting remarks, and after Professor Mitchell had announced that the first lecture of the course would be given on the following morning at nine o'clock the exercises closed.

ITEMS OF INTEREST.

The New York Ophthalmic Hospital, corner Third avenue and Twenty-third street, present the following report for the month ending Sept. 30, 1877:

Number of prescriptions.....	2987
Number of new patients.....	395
Number of patients resident in the hospital.....	36
Average daily attendance.....	120
Largest daily attendance.....	160

The newly instituted Board of Public Health in the German Empire commenced its

functions with the year. It publishes a weekly paper, in which all the epidemic illnesses prevailing in the country will be inserted, the figures being furnished by imperial agents. It will also publish the statistics of diseases and mortality in all German towns of more than fifteen thousand inhabitants, and detailed meteorological reports.

The AMERICAN HOMŒOPATHIST is the *best* monthly journal I *ever* read, and I hope it will receive the *heartly* support of the profession. The article on Thrombosis is worth the price of journal.—H. D. Baldwin, Montrose, Pa.

I must say to you that I was well pleased with my first number, and find No. 4 particularly interesting and instructive. Should have been delighted to have had a monthly journal equally so, when I was a student.—E. Jeanette Gooding, Boston, Mass.

The Transactions of the thirtieth session of the American Institute of Homœopathy, held at Lake Chautauqua, are now ready for delivery to such member as stand clear in the treasurer's books. Members who have not paid will therefore forward their dues to Dr. Kellogg, treasurer, who will then notify the secretary to send the volume by mail. It is a handsome work of nearly seven hundred pages, and contains a number of very valuable papers. The Transactions of the World's Homœopathic Convention, of 1876, is making rapid progress and will soon be ready for delivery. *Robt. J. McClatchey*, Gen. Secy., 918 North Tenth St., Philadelphia.

The second annual meeting of the auxiliary board of the Central Free Homœopathic Dispensary met at the Tremont house Wednesday last. Reports were read by the officers. The membership of the board is now sixty-seven—an increase of twenty over that of last year. The president's report gave an encouraging account of the dispensary. The total number of prescriptions from Aug. 7, 1876, to Aug. 7, 1877, was 10,135; surgical operations, 120; medical visits, 300; number of patients, 1,355. The prescriptions have

steadily increased in number from 300 the first month to 2,000 the last. In connection with the dispensary are two wards and three single rooms for the use of patients. The design is not to have a hospital of any extent, but merely to supply accommodations for cases requiring surgical operations and after-treatment; and also to meet to a limited extent the wants of strangers coming to the city and placing themselves in charge of members of the college faculty. The treasurer's report was as follows: Total receipts for the year, \$2,785 85; total disbursement, \$2,459 11; cash on hand, \$326 74. The board has done a good work in the year past, and has much reason to be encouraged for the future.

We extract the following from a letter from Dr. Claude R. Norton, Physician to the Pennsylvania Homœopathic Hospital for Children:

"Our institution, known as the Pennsylvania Homœopathic Hospital for Children, is flourishing very nicely. We have cared for twenty-six patients since the opening, May 1st, and have at present nine under treatment. The results have been most satisfactory, having had but four deaths, and three of those were infants suffering with summer complaint in its serious forms, viz., cholera infantum, in two cases; the other one, simple enteritis. The fourth was a case of gangrene of the mouth, in a boy of six years, which resulted from a neglected necrosis of the lower jaw. In the dispensary we have prescribed for about five hundred patients, and have made over fifteen hundred prescriptions. We treat a very large number of children in the out-door department, we have a very fine house which is very convenient, and it could be made to accommodate thirty or forty patients, but at present we can have only sixteen or eighteen inmates. The house is located on a piece of highly-cultivated ground one hundred and eighty feet square, in a very beautiful and healthy part of West Philadelphia; the yard abounds in fruit, trees, shrubbery, and we have some very fine arbors, covered with grape vines, from which we have had hundreds of pounds of grapes this fall."

Subscription: Two Dollars a Year, Twenty cents a Number.

AMERICAN HOMŒOPATHIST

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL ^{AND} SANITARY SCIENCE.

J. P. MILLS, M.D., Editor.

125 Western Avenue, Chicago.

IN EXCHANGE.

Vol. I.

DECEMBER, 1877.

No. 6.

CONTENTS

"DENTAL" AS RELATED TO "GENERAL"
PRACTICE. *Gorton Nicols* 230

HOMŒOPATHY ILLUSTRATED 231

14. Chronic Diarrhœa, Nuphar Lut-
ium.—15. Phosphorus, Chronic Diar-
rhœa.—16. China, Chronic Diarrhœa.

NEW PUBLICATIONS 232

Sherman's Therapeutics and Materia
Medica.—A System of Obstetrics on
Homœopathic Principles.—The Treat-
ment of Functional Dystocia.—The
Homœopathic Physicians' Visiting List
and Pocket Repertory.—Physicians'
Condensed Account Book.

PLUMBUM IN CIRRHOTIC KIDNEY.
Chas. Gatchell 235

MEDICAL MEMORANDA 238

Homœopathic Medical Society of
Tennessee.—Personals.—Items of In-
terest.—The HOMŒOPATHIST.

SURGICAL CLINIQUE. II. *Chas. Adams.* 201
Chaneroid and Chancre.

DEATH OF DR. CARROLL DUNHAM. *J.*
P. Dake 206

NEGLECT OF THE MATERIA MEDICA.
W. J. Hawkes 208

INFANTILE DIETETICS. *W. A. Edmonds* 211

WHAT SYMPTOMS INDICATED THE
RHUS? *C. A. Mooers.* 215

UTERINE DISPLACEMENTS. *J. G. Mal-*
colm. 216

PULSATILLA IN NEURALGIA. *O. B.*
Cumbacker 222

MUSK AND THE MORPHINE HABIT.
W. L. Brycfigle 223

OBSTETRICAL NOTES. *R. N. Foster* . . 225

AN ANOMALOUS PATHOLOGICAL SPECI-
MEN. *Eugene F. Storke* 228

A. L. CHATTERTON ^{AND} COMPANY,

PUBLISHERS,

37 Park Row, New York.

121 Dearborn St., Chicago.

CHICAGO Homœopathic College

**LEGALLY CHARTERED
BY THE STATE OF ILLINOIS IN JUNE, 1876.**

WINTER TERM.

The Winter Session of 1877-8 will open on October 3d, and continue twenty-six weeks. This College has a full corps of experienced professors, each of whom devotes special study to the branch he teaches. Particular instruction is given in all practical branches, with abundant illustration from the largest Homœopathic medical, surgical, and obstetrical clinic in the west.

FACULTY AND TRUSTEES.

- | | |
|--|---|
| GEO. E. SHIPMAN, A.M., M.D., Emeritus Professor of Materia Medica. | W. H. WOODYATT, M.D., Professor of Ophthalmology and Otology. |
| H. P. GATCHELL, A.M., M.D., Emeritus Professor of Physiology and Hygiene. | E. M. HALE, M.D., Professor of Materia Medica and Therapeutics. |
| RODNEY WELCH, A.M., M.D., Emeritus Professor of Chemistry and Toxicology. | A. W. WOODWARD, M.D., Professor of Analytical and Comparative Materia Medica. |
| LEONARD PRATT, M.D., Emeritus Prof. of Special Pathology and Diagnosis. | E. H. PRATT, A.M., M.D., Professor of Anatomy. |
| J. S. MITCHELL, A.M., M.D., Professor of Theory and Practice in Clinical Medicine. | J. R. KIPPAK, LL. 'B., M.D., Professor of Dermatology and Medical Jurisprudence. |
| ALBERT G. BEEBE, A.M., M.D., } Pro- | R. N. TOOKER, M.D., Professor of Physiology. |
| CHARLES ADAMS, M.D., } fessors of Principles and Practice of Surgery and Clinical Surgery. | N. B. DELAMATER, M.D., Lecturer on Electro-Therapeutics and Special Nervous Diseases. |
| WILLIS DANFORTH, M.D., Professor of Gynæcological Surgery. | L. C. GROSVENOR, M.D., Adje't Professor of Theory and Practice. |
| JOHN W. STREETER, M.D., Professor of Diseases of Women and Children. | A. L. MARCY, M.D., Lecturer on Chemistry and Toxicology. |
| R. N. FOSTER, A.M., M.D., Professor of Obstetrics. | |

Persons desirous of obtaining further information respecting this course are requested to communicate with

CHARLES ADAMS, Secy., 1143 Wabash Ave.

THE
American Homœopathist.

A MONTHLY JOURNAL OF MEDICAL, SURGICAL,
AND SANITARY SCIENCE.

Vol. I.—DECEMBER, 1877.—No. 6.

SURGICAL CLINIQUE.

SERVICE OF CHARLES ADAMS, M.D.

[Professor of Principles and Practice of Surgery and Clinical Surgery in Chicago Homœopathic College.]

II.

CHANCROID AND CHANCER.

Venereal sores exist in two great classes; one purely local and never giving rise to any systemic infection, the other a primary indication of a general infection which subsequently developes a regular series of lesions. The first is known as *chancroid* or *soft chancre*, the second as *syphilitic* or *hard chancre*. As we have an opportunity of directly comparing the two forms of ulcer, I shall endeavor to point out the characteristics of each, as it is of importance that a differential diagnosis should be made at as early a date as possible.

If we recognize these two forms as distinct, one non-syphilitic and local, the other syphilitic and only a primary evidence of general blood poisoning, we shall be forced to consider the practice of treating all venereal sores as syphilitic, as unwarrantable as treating all cases of tumor as malignant.

In a large majority of cases, you will find a careful consideration of the history and present condition will enable you to correctly pronounce as to the local or constitutional nature of the disease, although cases do occur regarding which a positive opinion cannot be given at once. Now we

will compare the records of a case of each :

No. 119, C. H. F. D. J. M., American, aged twenty-seven years, eight weeks ago noticed a small pustule quickly ulcerating on the *corona glandis*. This appeared five days after exposure. He applied Caustic and in three weeks the sore had healed. In the interim another ulcer appeared just behind the first, this was cauterized, and soon followed by a third. This received the same treatment, and all three sores are now healed, but to-day he comes to us with a sore eight days old at the side of the frunum. He says this ulcer is exactly like its predecessors in shape, depth, and amount of discharge, and has received no treatment. The sore is oval in shape, extends evenly down into the tissues so that its edges are clean cut "as though with a punch." Its base is soft and has a yellowish color, with an irregular, worm-eaten appearing surface. There is a somewhat free discharge, slight pain, and increase in size. During the past week he has noticed enlargement, with sharp inflammation, of a single gland in the groin.

You can see the swelling and redness, indicating the position of the inflamed gland.

This is a case of chancroid, and, probably, suppurating bubo. The succession of sores is due to repeated auto-inoculation. The record of the next case is as follows :

No. 242, C. H. F. D. E. T., Eng-

lish, aged twenty-seven years, has had a sore for thirty days. He noticed it first about twenty days after exposure. It seemed to be only an abrasion on the preputial lining, but it gradually became elevated and now a small ulcer exists on top of a slight elevation of the mucous membrane. This little ulcer is oval in shape, superficial, its surface sloping gradually from the edge to the centre, gray-colored and smooth. There has been no appreciable discharge, and no pain. It has been stationary for about two weeks. Examination by touch shows the base of the sore to be indurated, the induration extending only to the edge. The ulcer is movable on the subjacent tissues and there is no inflammatory hardness around it. Examination of the groin shows a painless enlargement, with bony hardness of several of the inguinal glands. The glands are movable and show no signs of inflammation.

This is a case of chancre and will be followed by syphilis. We are fortunate, gentlemen, in having to show you cases so typical in character and as yet unchanged in their aspects by treatment. You have, I doubt not, already noticed some of the leading differences in the two cases. To further fix the details in your memories, I will give you a comparative review of the chief points :

The respective dates of appearance of the ulcers after infection constitute a feature worth special attention. In the chancroid the time was five, in the chancre twenty days. A period of

incubation can hardly be said to exist in chancroid, the ulcer appearing promptly after absorption of the virus. This may be delayed in some instances as long as ten days but, as a rule, the ulcer is well marked before a week has elapsed. In chancre, a regular period of incubation exists, the sore appearing at about three weeks after exposure in most cases, sometimes as late as forty but never earlier than ten days. The outlines of primary venereal ulcers are hardly distinctive, but the edges and base constitute important characteristics. The chancroid is a clean cut ulcer, perforating the tissues perpendicularly, its edges frequently undermined, its base *soft, unless irritated by caustics*. If induration be present it diminishes gradually into the surrounding tissues, exactly as does the induration about an abscess. The chancre may vary from a shallow erosion to a deep funnel-shaped ulcer. Induration of the base is rarely absent, except early in the history of the case, and may vary from a barely perceptible card-like plate ending abruptly at the edge of the ulcer, to considerable thickening and elevation of the ulcer above the surrounding tissues. The induration of chancre is always sharply defined, freely movable, and usually persists for some time in the cicatrix. The discharge from a chancroid is generally free and purulent. It possesses the peculiarity of being auto-inoculable, producing chancroids indefinitely, so long as inoculation is practiced or happens. From accidental auto-

inoculation it is not uncommon to see a succession of chancroids, as in the case before you. The secretion from chancre is slight, serous or sero-purulent; is not auto-inoculable, but will, by inoculation, produce chancre in any person not having had syphilis previously, one attack usually conferring immunity. Chancre when multiple is so from the onset. Chancroid may occur as often as the patient undergoes reinfection, whether from his own or another's body. Chancroids occasionally extend rapidly, producing, in some instances, sloughing of tissues about them, or extensive sinuous ulcers may result which are extremely intractable. In chancre, on the other hand, while the ulcer may cicatrize slowly, phagædena is exceedingly rare. Chancroid is followed by bubo in about a third or a fourth of all cases. Chancroidal bubo may be: *sympathetic*, consisting usually of enlargement of a single gland; *indolent*, which, in strumous subjects, often affects several glands, is slow to suppurate and tends to form abscess followed by extensive fistulæ; or, *virulent*, resulting from the absorption of pus from the chancroid and producing a sore in the groin, having the same characteristics as a chancroid, and liable to the same changes.

Chancre is invariably attended by an induration and slight enlargement of the nearest lymphatic glands, which are rarely inflamed and are freely movable. The pus from a virulent bubo (chancroidal,) is auto-inoculable, that from any other bubo is not.

I shall only recall your attention to one other point of dissimilarity in these two cases, i. e., that chancroid ends with the healing of its initial ulcer or its bubo, while chancre is the first manifestation of syphilis.

Without dwelling upon many details which you will hear in the didactic course, I shall proceed at once to the consideration of treatment.

The treatment of a chancroid consists in converting the infecting ulcer into a simple one. This may be quickly, and (if thoroughly done,) surely accomplished by the free application of fuming Nitric acid to the whole surface of the sore. Being diagnosticated as soft, the surface of the ulcer to be wiped dry by lint or cotton, and the acid applied with a small wooden spatula or glass rod, care being taken that the acid comes in contact with every portion of it. The superfluous acid being removed, lint is to be applied and renewed until the surface of the ulcer assumes a healthy, granulating action, when any simple dressing may be used. The cauterization is not attended by long continued pain and, if practiced early, frequently prevents absorption and the production of virulent bubo. Phagedenic ulceration is to be met by prompt cauterization, with treatment by internal remedies covering the general condition. Bubo, when sympathetic, may be controlled by remedies covering simple adenitis. Locally the application of ice has been highly recommend; pressure and **dry** heat applied by means of a hot-

water bag have, with proper remedies, acted well in promoting resolution, and form a much more agreeable application than the ice bag. In simple soft sore without bubo, I have not found any advantage from the administration of any medicine, provided the patient has been in good health otherwise. In case No. 119 we shall apply the acid and recommend the application of dry heat for the bubo, Merc. sol. 3, internally. If the bubo be virulent it inevitably suppurates, and may require the same treatment as the chancroid itself. This is especially the case if the breaking down of the bubo produces a chancroidal ulcer in the groin. In cases where cauterization is not practiced precautions must be taken against infection by carefully destroying all cast-off dressings. Greasy applications should on no account be used, so long as the ulcer secretes pus. They confine the virus and favor ulceration at new points. Lint saturated with a solution of Potassa or carbolized water is a very good dressing. When supuration of a bubo cannot be checked it should be favored by poultices and the bubo opened as soon as the presence of pus is manifest. Make your incision perpendicular to Poupart's ligament, never parallel with it. By this method patency of the opening is insured. In doubtful cases of ulcer the test of auto-inoculation may be applied; if chancroid the inoculation will be followed in three or four days by a chancroid, if chancre the result

will be nothing. If the patient has already irritated the sore by Caustic applications, you may be utterly unable to make a correct diagnosis without awaiting further development, the safest plan in such cases being to place the patient upon anti-syphilitic treatment.

As regards the treatment of the primary lesion of acquired syphilis, authorities of all schools are agreed as to the futility of endeavoring to prevent syphilis by cauterizing a chancre. The system is infected during the stage of incubation preceding the appearance of the sore. Instances have occurred where a slight abrasion has been noticed and cauterized almost immediately after exposure and yet in due time syphilis has been developed with its regular train of lesions. No local treatment is therefore necessary for a chancre beyond protection from irritation. Syphilitic bubo, as already stated, rarely suppurates, and further, is rarely painful to such an extent as to seriously inconvenience the patient. You will find in your text-books, a great deal of stress, laid upon the selection of a remedy according to the indications furnished by the shape, depth, color, and other features of the chancre itself. This I take to be unsound practice. What we have to fight is the effect of a specific poison upon the system, and fortunately we have a remedy for which the indications are perfectly clear. This remedy is Mercury, and in some form or other you will find it useful in all stages of the disease.

As to the fitness of Mercury as a remedy for syphilis; if anything more than the pathogenesis were required to establish its claims, the experiments recently made by Professor Keyes, of New York, show that the effect (upon the blood) of Mercury in *large* doses is the same as the effect of syphilis; and further, that the remedy to bring the blood of a syphilitic patient up to the normal standard is Mercury in *minute* doses.

The aggravations and obstinate persistence of syphilitic lesions under heavy mercurial treatment are standing clinical facts.

The form of Mercurius to be used is largely a matter of choice. I usually give four powders daily of Merc. sol. 2x, as soon as the sore is diagnosticated as chancre. The Merc. cor. is preferred by many practitioners, but I think the solubilis the more reliable. Occasionally you may find a change of potency desirable, but I think you will find the lower potencies most useful in the treatment of the primary lesions. If the case has already received Mercury freely, Nitric acid will be a suitable remedy to begin treatment with. One of the first questions a patient asks you will probably be, "Can I be entirely cured?" Your answer should be guarded, for although under your treatment the sore cicatrices and the secondary symptoms run a mild course, you must bear in mind that it requires a lifetime to see the last of many cases of syphilis.

You can promise your patient a

milder course than other methods of treatment offer, and in many instances the disease disappears with very slight secondary manifestations, but the fact must not be lost sight of that, in many cases, the disease apparently cured by careful treatment has lain

dormant for many years to break out when circumstances favored. We shall call your attention at a subsequent period to the later forms of this malady which deserves the careful study of every physician.

DEATH OF DR. CARROLL DUNHAM.

J. P. DAKE, M.D., NASHVILLE, TENN.

[A Paper Presented to the Homœopathic Medical Society of Tennessee.]

I have been asked by the Homœopathic Medical Society of Middle Tennessee, to present to the State society some fitting mention of the death of our distinguished colleague, Dr. Carroll Dunham, of Irvington-on-Hudson, who was called from earth's labors on the 18th of last February.

In the year that has passed since our last meeting, death has taken away a number of our earnest, professional workers, in different parts of the great field; but among them all the most widely-known and deeply lamented is Carroll Dunham. Our journals have already made you acquainted with much of his history and labors.

He was young, though verging closely upon his fiftieth year, just in the prime of useful manhood.

His last great effort was in behalf of our World's Homœopathic Convention. For many months he was earnestly engaged preparing for it, corresponding with delegates and

committees in all parts of the world, translating and revising papers, reading proofs, answering inquiries, and doing innumerable other things essential to the success of that great international meeting. After his many preparatory labors, he appeared upon the platform and presided over the deliberations of the convention, day after day, during a term of the most oppressive heat known in Philadelphia. Of the manner and efficiency of his presiding too much, in the way of praise, cannot be said. He was impartial and never unjust to the individual, while jealously guarding the interests of the convention.

But when that work was done and we had separated to our several fields in this country and in countries beyond the sea, our over-worked president was compelled to seek rest and invigoration in the cooler atmosphere of the great lakes. In early autumn he returned to his home much improved in health; but, before win-

ter had come, he was prostrated by diphtheria, from the effects of which he never recovered. Gradually he withdrew from the labors of this life and passed on to the life the scenes of which lie beyond mortal ken.

It was my privilege to take part in the last sad rites at his burial.

Gathered from New York and Philadelphia, and the region along the Hudson, in the beautiful home of the departed, were his associates—men who had long known and loved and honored him—to look for the last time upon his face, in life always radiant with genial sympathy as well as learning, and now smiling even after the stroke of the “last enemy.” The final words spoken, our last view taken, leaving the sleeper amid the floral offerings of loving and grateful neighbors and friends, we were allowed a moment (a few of us,) in the great and good man’s study.

I cannot tell you how it wrung our hearts as we looked upon those groaning shelves, full of well-worn books; upon the table, with its ink-stand and pens, and the chair, near by it—all left, as he had used them; left by him, forever.

We said—this was his work-shop; here were forged the glowing thoughts, and here were shaped the wondrous words, that have charmed and led us in the pursuit of medical wealth.

As we turned away, each to resume his daily work among the sick, and in lecture rooms, it was with nobler aims and higher resolves.

To-day we think we appreciate the

character and works of Carroll Dunham; but, in future years, as we read his writings, in the light of our more advanced learning, the appreciation of his mental clearness and vigor and the justness of his views, will be greatly increased.

His was a life of industry in the study and elucidation of medical problems, at a time when medicine was just emerging from its chaos and darkness into some orderly and intelligible shape.

Educated after the manner of the old school, he was led, early in his medical career, to accept the law promulgated by Hahnemann, and designated *similia*, as the fundamental principle in special therapeutics. Earnestly he strove to clear that law of mysticism and to show its applications in therapeutics; and as earnestly he sought to gather out the grains of wheat from the vast heaps of chaff, in our extended drug symptomatology, so as to make them more available in the hour of need. How successful he was, we know not yet fully, but we shall know.

The characteristics of our lamented brother, which shone out most widely, which no one coming in contact with him, even for an hour, could fail to recognize, were his goodness of heart and his great wisdom.

The volume just issued from the press by his wife, embracing his writings upon the principles of medicine, as well as that which is announced to follow, giving the substance of his lectures upon *materia medica*, should be

read and studied by all who would rightly understand and apply the treasures of homœopathy. These volumes, and those to be issued by the secretary of the World's Homœopathic Convention, will be fitting

memorials of our peerless Dunham—monuments more lasting than any wrought of classic marble or enduring brass—telling us, and the generations which follow, that it is *noble to labor and to die for science.*

NEGLECT OF THE MATERIA MEDICA.

W. J. HAWKES, M.D., CHICAGO.

[Professor of Physiology and Clinical Medicine in Hahnemann Medical College and Hospital of Chicago.]

Frequent attendance upon medical society meetings, from the national association down to the county meeting, has impressed upon my mind several important facts.

It has been evident that, while four-fifths of the physicians attendant upon these meetings are general practitioners; and as a large proportion of the cases they are called upon to relieve come under the class of general practice, and call for simply a knowledge of the materia medica, yet not one-fifth of the papers read, or clinical facts elicited by their discussion, have any bearing whatever upon this question. The majority of effort and interest are centered upon the minority of use to the great homœopathic profession at large.

The greater number of papers are from specialists, and generally upon extraordinary cases, such as do not come under the observation of the average practitioner twice in a lifetime—cases which too often subserve no useful purpose as lessons, but

simply serve to laud and advertise individual skill.

I do not desire to be understood as wishing to belittle such reports of cases, absolutely, but as desiring to say a word in favor of a relatively large attention to those subjects of most importance and use to the larger class of the general practitioners.

What distinguishes us as physicians from all other systems, and which makes us as conservators of life and health so superior to all other schools, is our materia medica, applied according to the law. Surgery, gynæcology, ophthalmology, etc., are common to all schools, differing only in medicinal after-treatment; and the stress, in nearly all papers on these subjects, is laid on the operative portion to the neglect of the distinguishing medicinal after-treatment, which is of so much more importance to the ordinary practitioner, who *may* learn to prescribe from papers, but who can never so learn to operate.

I believe that intelligently and con-

scientifically reported clinical cases may be made the most interesting and useful branch of our literature. There is little doubt that disrepute may be and has been brought upon this mode of instruction by unconscionable scribblers; but it is to be hoped that the profession may purge itself of such habits and realize how utterly contemptible and harmful is the habit of some of its members of reporting imaginary cases, or falsely reporting real ones.

I herewith present a few cases, the names and addresses of which will be furnished (by permission) to such as may feel interested in looking them up.

CASE I.

A little girl aged six years, had had chorea during a period of two years. The involuntary motions of the body were irregular and erratic, and continuous except during sleep. Enough was elicited from the only one of her parents seen, to strengthen the suspicion of a scrofulous taint. The only peculiar symptoms obtained were a frequently noticed dampness of her stockings, when removed at night by the mother.

On the strength of these two indications—first, the general one of scrofulous taint; second, the damp stockings, when no adequate cause for such dampness existed—*Calcarea carb.* in the 6th and 30th triturations, was administered. Gradual improvement set in almost immediately, (indicated by a lessening of the erratic motions of the body, head, and limbs,) and continued to complete recovery. But

one prescription (two or three doses a day for a week) was given the child.

This case was witnessed by the whole class of students of Hahnemann college for 1876-7.

CASES II. AND III.

Two children, a boy and girl, brother and sister, aged respectively five and seven years. The boy had epileptic fits, without marked peculiarity, while the girl suffered from scrofulous ulcers on the neck, one on each side. The cause in both was one and the same, the scrofulous diathesis or psoric taint, whichever we may choose to call it. In these cases, as in the other, the mother said that she often noticed the uncalled for dampness of the children's stockings. She also informed me that they had been very slow in learning to walk.

To both of these children *Calcarea carb.* and *Silicea*, in the 6th decimal trituration and 200th dilution, were given, without any other medicine or application. Improvement in both cases set in very soon thereafter, and continued, apparently without interruption, until both children were perfectly well.

CASES IV. AND V.

To show how we may often overcome the perplexing difficulty of obtaining characteristic indications from infants and children by turning our attention to the constitutional peculiarities of the parents, I will relate two other cases in one family—the children of a lawyer in Chicago.

His first child was born under

allopathic auspices, and while at first apparently healthy, in a few weeks it began to be fretful and ailing; and finally, after a long struggle, died of no one knew what. The father determined, if he was favored with a second child, he would employ a homœopathic physician. The second child came and was introduced to its mother by the same physician. It took up, and was fast following, the course pursued by its sister, guided by the same hand; and was evidently, unless a change were soon made, bound to overtake her.

At this point I was consulted. I found a puny, yellow, sickly, fretting child, of very little promise. There seemed to be nothing in the child to guide me in the selection of the remedy. But I observed a peculiar, sallow, clayish appearance in the face of its mother, hinting strongly at scrofula. I turned my attention to her especially, and found a very good picture of *Lycopodium*, viz.: Pain in the region of the kidneys; cloudy urine, with a frequently-occurring deposit of red sand; much gas rumbling about in the upper part of the abdomen; a very "deceitful" appetite, which led her to believe she was about to enjoy a good meal, and then failed her after a mouthful or two, which "seemed to fill her up to the throat." I also learned that the child seemed worse late in the afternoon and early evening, and that the diaper was frequently stained a reddish color. *Lycopodium* (the 30th at first, and a much higher potency

later,) was administered to both mother and child.

The result was a marked improvement in the condition of the child, *and the breaking out all over its skin, from the head to its feet*, of a very luxuriant and extremely disagreeable crop of eczema, characterized by thick and ever-thickening yellow, dirty-looking crusts, from under which oozed a sticky, badly-smelling fluid. This eruption remained with varying profusion until after the period of first dentition, when it gradually disappeared; and the child is now healthy and handsome.

In due time another child was born; and, the family then living in a rather remote suburb, another physician attended, as I learned from the father three weeks later, when he came to me for advice. He said the child seemed to be going the way the first had; that it cried continuously; did not sleep more than three hours in twenty-four, etc. On the strength of the previous case, I gave him some powders of *Lycopodium*, and told him to ask the doctor if he had given, or thought of, that remedy. In about a week he called again, and informed me that the child had gone to sleep two hours after taking the first powder, and had slept twenty hours; and said he had not understood that homœopaths gave opiates! (The child was only making up for lost time). He said the other doctor had none of that medicine!

To complete the value of these cases, and prove the correctness of

the inferences, the second child was soon covered with an eruption identical with that of the other, only not

so profuse, and is not rid of it at the present time, but is otherwise well and hearty.

INFANTILE DIETETICS.

W. A. EDMONDS, M.D., ST. LOUIS, MO.

[A Paper Presented to the Homœopathic Medical Society of Tennessee.]

"Doctor, what shall I give the baby to eat?" is the ever-recurring inquiry of anxious mothers, addressed to the family physician, either with a view to prevent disease and promote growth, or to alleviate some health-disorder already present in the system of the hopeful little "bairn of the present," and "future great" of immediate posterity.

This question, seemingly so simple, is not always so easily answered, and when answered, in the shape of most careful and systematic advice on the part of the medical adviser, usually finds its practical solution in a thoughtless conformity on the part of the nurse and mother to some whim or caprice of their own or that of some ignorant, officious friend or neighbor.

The practical and proper scientific solution of this inquiry necessarily involves four elements: time, quality, quantity, simplicity. Any system of dietetics which fails to embrace each and all of these components will surely prove a failure. Time or interval must be adapted to the age, vigor, and health of the infant; above all things the interval of feeding should,

so far as possible, be uniform as to length. For the first few weeks of infantile life, the interval should be about two hours. After the expiration of the first twelve weeks, the interval should be gradually lengthened until the end of six months, when the interval should be made three hours. At the age of one year the interval should have been so gradually increased as to be four hours; and at two years of age, it should be five hours, or about four or five meals to the twenty-four hours. As a rule the less food taken between 9 P. M. and 6 A. M. the better. The habit of allowing infants food as a means of amusement, pacification, or to induce quietude and sleep, is an abuse almost everywhere present, and is fraught with most serious consequences to both health and happiness of the tender little ones. I have many times seen a mother nurse her infant, already sick and requiring professional advice, from two to three or four times during my professional call, as a means of keeping it quiet while she may, as she alleges, hear what the doctor has to say. Such a palpable

abuse fills me with a quality of displeasure and impatience which usually crop out, in a form of rebuke and admonition, somewhat at the expense of my reputation for gentleness and discretion. Let the point be very distinctly made: the unhappiness and ill-health of infants is largely, very largely, attributable to too short and irregular intervals for the time of taking food.

The suitable regulation of quantity will be most generally attained by properly regulated intervals; or, in other words, if the child receive its food at proper, uniform intervals, it will, in the main, not be inclined to take too much. This mode of regulating quantity will scarcely ever fail us, if the infant get its supply from the mother's breast—Nature coming well up to regulate the relative matters of "supply and demand." Indeed where the supply source must be artificial the child will rarely be inclined to any hurtful or very great excess, if properly disciplined as to time and interval.

If the infant have a healthful, nursing mother, the question of quality is amply and beautifully provided for. No source of supply, as a rule, can ever equal the milk from a healthy mother's breast. Mothers, through their own vain imaginings and surmises, together with the help of over-officious friends and neighbors, give themselves much unnecessary thought and anxiety as to the quantity as well as quality of their lacteal supply. They importune the medical man for

advice as to propriety of using beer, tea, and other "slops," as a means of promoting the function. Should any increase of function be attained in this way, it will generally be so attained at the expense of quality, in the shape of watery, poor, thin milk, defective in nutrient properties, and, at the risk of impairment of stomachs to both mother and child—the mother from superabundance of "slops" and the child from an excessive quantity of a poor article of diet. In the main it will be found decidedly prudent to let Nature take care of these matters in her own way. Then, too, mothers torment themselves, and the doctor too, with the idea that their milk is unhealthy; that they are unfit to perform the function of nursing from the bad quality of the milk. Sometimes this will be found to be the trick or subterfuge of an unnatural, society-loving woman, who wishes to evade the duty of this part of maternity. In other instances where there may be some show of disagreement, it may most usually be traced to bad unphysiological habits of life on the part of the mother, as to her own health, and a want of any systematic rule or habit as to time and mode of administering her supply to her child. Rarely have I ever found necessity for, or advantage in, withdrawing a young and tender infant from the mother's breast, where both mother and child have been kept under the influence of good, methodical habits of life. Of course any serious illness of either mother or child might fur-

nish, for a short or longer time, reasons for a departure from this rule. The matter then of both quality and quantity may be safely and prudently left to the mutual management of a healthy infant and a willing, hearty mother.

But in the event of the mother's death, or default, or in some cases of the infant's ill-health, other, or artificial provision, must be made temporarily, and sometimes permanently. For a healthy infant, who may be so unfortunate as to be cut off from a mother's supply, a regular, uniform supply of fresh, healthy cow's milk, suitably diluted with the addition of white sugar, will be found the very best resource—the amount of sugar and degree of dilution having suitable reference to the infant's age. For infants situated in towns, cities, or on a journey, where the supply of fresh cow's milk may not be obtainable, the condensed milk will be found an excellent resource. Indeed, I have sometimes found it a better source of supply than the cow's milk. Infants take it readily and manage it well, if properly prepared and given in proper quantities and at regular intervals. Goat's milk is in much request as an article of baby diet, with some physicians and families. But the everlasting bleating, rutting and breeding, of these disgusting animals, together with their short and irregular supply, owing the facility with which they escape from restraint or enclosure, render them far from desirable as "wet nurses" to our baby patrons.

For infants, whether in a state of health or disease, who, from any cause, may be unable or unwilling to take or manage milk, well boiled and well filtered oatmeal-gruel, with a little sugar, will be found a most excellent article of diet. They take it readily and heartily, manage it well, and thrive and grow handsomely under its prudent use. In those cases where the milk is vomited or purged in a coagulated, undigested condition, the oatmeal-gruel will be found a very desirable resource. It should be well cooked, well filtered so as to be very thin and uniform in appearance, and in warm weather made fresh twice per day. Under the same precautions as to thorough cooking and filtering, the unbolted wheat flour and barley make excellent baby food in the shape of gruels. Rice gruel does well, but is inferior in richness and nutrient power to the other gruels mentioned. Arrow root is simply a negative sort of device to be resorted to when we wish to cheat and amuse our little patients and their fond mothers with the idea that food is being given, at a time when we judge it would be better to have little or no food at all. There is little or no nutrient quality or power in it. Many of the patent preparations of diet recently introduced into market do well for infants, but they are expensive, and have few or no advantages over the gruel preparations named.

As a rule, infants and children under two years of age should not be allowed animal food in any shape.

Nor should they be allowed much, if any, solid food of any kind; the function of mastication being yet in embryo, as it were. Any attempt at mastication, in the yet tender state of the gums and undeveloped state of the teeth, must naturally result in hurt to such parts, and materially interfere with the very important function or process of dentition. At and after two years of age, strong, healthy children, may begin to take a reasonable allowance of soft, well-cooked, fruity and vegetable diet, in addition to the articles heretofore indicated for the earlier periods of infancy. The first use of animal food should rarely be attempted until after the expiration of the second year, and then only in shape of animal broths during the third year. After the third year a mixed diet may be cautiously inaugurated; animal food being allowed but once per day until the child is ten years of age, and never under any circumstances as an evening or afternoon meal. With the present habits of our advanced civilization, as we are pleased to call it, in the way of hearty, numerous, and complicated dishes at our tables, children and infants should not be trusted to "put in appearance" at the family table; as, by their ingenious and earnest importunities, they will quite certainly obtain both quality and quantity, and complication of diet, unsuited to their tender years.

But little remains to be said, on the subject of simplicity, this item of the four having received much incidental

attention while treating the ones of quality, quantity, time. Infantile diet should consist of but one article, so far as possible, to the given dish. It should likewise be free from condimentary or appetizing addenda, save a very moderate allowance of sugar or salt. Vinous, spirituous, and aromatic appliances, should absolutely be prohibited. Changes in the articles of diet should never be made except for good and sufficient reasons. Changes for mere variety's sake, and to increase the demand and appetite for food by a child already doing well, are simply abominable. Changes demanded by advancing age, or a state of disease, are alone allowable, and should be made under the care and advice of the family medical adviser. One of the most trying and difficult phases of this whole subject of infantile diet is to be found in the officiousness of outside parties. If the child cry, it is hungry; if it fail to sleep, it needs food; if it sleeps protractedly, it should be awakened to get food; it should have "pot liquor;" it should have meat—fat meat, salt meat; it should have "just what its mother eats." Mrs. So-and-so, who has somewhere from five to forty children and grand-children, has of course, grown old in such experiences; has treated all and severally the aforesaid "five to forty" hopefuls in the above heroic manner, and now, as the prerogative of such experience, demands that "the baby of the period," and every body else's baby, shall pass the ordeal of the same fearful ex-

periences as her own unfortunate little ones, notwithstanding the fact that three-fourths to four-fifths of the said "five to forty" have long since escaped further torture under cover of the grave. One of the adverse and humiliating experiences of professional life is to stand by under such circum-

stances and see dogmatism, ignorance, self-conceit and superstition override sensible advice.

A brusque manner, coupled with severe and sharp rebuke, will sometimes serve to correct such abuse, but not always.

WHAT SYMPTOMS INDICATED THE RHUS?

C. A. MOOERS, M.D., LAWRENCE, MASS.

Mrs. H., aged twenty-six, came to me in December last, for treatment. Had been troubled with an affection of the stomach for about five years, and under the care of physicians the last half of that time, but was constantly growing worse. For the last year and more, she had been afflicted with boils, mostly situated on the sacrum, coccyx, and thighs. They were bluish-black in color, very large and painful, but did not come to a head readily. On opening them a little bloody pus would be discharged, and they would slowly subside. She was dizzy on rising from bed, with a blurr before the eyes, and sensation of blood rushing into the head. But the most prominent symptom was constant hunger, never satisfied more than an hour after eating; would wake up in night and must eat to stop the empty feeling in the stomach. Sometimes a sensation of motion was felt in stomach, as if some live thing were there. Feet felt

cold, as if in ice water. She had been doctored in all ways for tapeworm, and other worms, but no worms were ever seen.

I gave her all the remedies I thought were indicated, for two months, with a negative result. Then I gave *Rhus. tox.* 3, with the best effect. The boils ceased. She regained her strength, which had been very much reduced, and her appetite became normal again.

I know it was the *Rhus* which did the business, for she had become discouraged as well as myself after so long a trial and failure of several remedies and had taken nothing for a little time before I gave the *Rhus*. I wish some one would state what symptoms called for it if they can find them. I gave it because it cured a hopeless case of boils once before, not because I could find any symptoms leading to it. I consulted several in regard to the case and no one thought of *Rhus*.

UTERINE DISPLACEMENTS.

J. G. MALCOLM, M.D., MEMPHIS, TENN.

Read at the Third Annual Meeting of the Homœopathic Medical Society of Tennessee.

Although I cannot hope to add anything new to the literature of a subject that has occupied the attention of so many able men in our profession—men who have devoted their lives to the study of uterine affections—still I bring the subject before you as one that is of constant interest to the practitioner, and shall endeavor to give a few practical hints, hoping to arouse discussion that may lead to an increase of knowledge.

Some medical gentlemen hold the opinion that ever since the fall of man, and more especially since the fall of woman, every woman not enjoying the soundest of health, is suffering from some uterine affection. These gentlemen find it necessary to examine all their lady patients very carefully, and particularly “to keep an eye on” the uterus; and they usually find things, on examination, just as they had anticipated—the uterus in a deplorable condition, and requiring constant medical attention. This is a class of physicians who live up north, and it is to be hoped they will never find their way into the Valley of the Mississippi.

But although it is common for some medical gentlemen to exaggerate the frequency of uterine affections, and especially uterine displacements, still it must be admitted that a large num-

ber of our lady patients do suffer in this way, and that it is our duty to be well posted in the symptoms which point to such affections. I shall therefore notice a few of the most prominent symptoms which lead me to suspect uterine displacement, and cause me to make special inquiries in that direction.

My patient, usually, does not call to consult me with reference to any uterine trouble. She much more frequently comes complaining of a difficulty of the stomach; she has a weak, “all-gone” feeling, or faint feeling, at the pit of the stomach. This bad feeling is very much aggravated by exercise, and especially by standing. Her physician—if she has had one previous to calling upon me—she says, tells her that she is dyspeptic, and her stomach is weak, or that her liver is in a bad condition. I find that this sensation is usually caused by some uterine displacement, by reflex action upon the solar plexus of nerves.

The abnormal condition of the uterus is communicated, first, to the hypogastric plexus, from which the uterus is mainly supplied with nerves; from the hypogastric it is communicated to the aortic plexus, and from thence to the solar plexus—the great central plexus of the sympathetic system, and which is located in the pit

of the stomach. On questioning, other symptoms indicating the uterine affection will usually be found: Sense of weight and dragging in the pelvis and hypogastric region; frequent desire to urinate, or difficulty of urinating; also tenesmus of the rectum, or difficult defecation. So constant are these urinary and rectal symptoms present in uterine displacements, that, ordinarily, we should not continue to suspect any such affection where these symptoms are absent.

Or my patient may be suffering from deranged action of the heart, and her physician may have told her—by way of consolation—that she is liable to drop down dead at any moment. On examination of the heart, no valvular disease can be detected, and on inquiry, some, or all, of the foregoing symptoms of uterine trouble are discovered. The history of the case will also throw light upon it; she may have had a miscarry or two, previous to the origin of her heart affection. In such cases I usually tell them, they are not very likely to drop down dead without a moment's warning, and advise an examination into the condition of the genital organs.

Other patients suffering from uterine displacements, may complain of general derangement of the nervous system; may have spells of an hysteric character, but if, on questioning, I do not find the urinary or rectal symptoms present, nor the peculiar sensation at the pit of the stomach, I do

not continue to suspect serious uterine displacement.

The uterus, in the virgin state, is but a small body; measures about one inch in thickness, two in width, and three in length. It weighs from one to one and a half ounces. But during pregnancy its size and weight become enormously increased, often attaining a weight of from twenty-five to fifty times that of the virgin state. After parturition it should, in from one to two months, regain nearly its virgin size and weight.

The position of the uterus is between the rectum and bladder, and when in its natural place, it rests upon the superior and posterior portion of the latter. Its fundus reaches as high as the plane of the superior strait, with which its axis is at right angles. Its axis forms, with the axis of the body, a superior angle of about 120 degrees and an inferior angle of about 60 degrees, and with a straight line drawn through the extremities of the vaginal axis it forms an axis of from 60 to 90 degrees.†

The uterus is supported, or kept in position, by its ligamentous attachments, the principal of which is the membrane lining the abdominal cavity—the peritoneum, and which is reflected upon the greater portion of the body of the uterus, forming its external lining membrane. It is by

† “The fundus of the uterus is on a level with the plane of the superior strait, and its axis the same as that of said strait.”—Guernsey.

“Its upper end, or base, is directed upward and forward; its lower end, or apex, downward and backward, in the line of the axis of the inlet of the pelvis.”
—Gray.

this membrane, which is called the broad ligament, fixed anteriorly to the bladder; posteriorly to the rectum, and laterally to the pelvis. It is likewise supported inferiorly by its attachments to the vaginal tube, which encloses its lower portion or neck.

One of the principal means provided by Nature to guard against the descent of the uterus, is the obliquity of its axis to the axis of the vagina. So long as this obliquity is maintained, descent is impossible. The uterus is prevented from displacement, either anteriorly or posteriorly, by its ligamentous attachments and by its position between the bladder and rectum.

The uterus is subject to three principal displacements :

1. Descent, or prolapsus.
2. Turning forward, or anteversion.
3. Turning backward, or retroversion.

Prolapsus of the uterus may be caused by anything which would increase its gravity or weight; by an unnatural pressure from above; by a jar or fall; by any force that would tend to destroy the obliquity of its axis to that of the vagina; or by a combination of any, or all, of these forces. Indeed it is seldom caused except by a combination of these forces. Gravity alone will not cause it, if the uterus is in a healthy condition, else child-bearing women would generally become so afflicted; but during that condition, instead of falling, it actually rises. But after parturition, and before the uterus has regained its

normal weight in the unimpregnated state; if during that time the woman shall sustain a sudden jar, or if she shall engage in violent exercise, or stand a long while, or walk a long ways, or shall lift something heavy, she is much more likely to cause prolapsus than she would be at a time when the uterus was not gravid. But if, in addition to these circumstances, her accoucheur shall, through ignorance of the causes which endanger this accident, do anything that shall tend to destroy the obliquity of the axis of the uterus to that of the vagina, then this accident, under such circumstances as detailed above, will be almost certainly produced. This leads me to speak of the abdominal bandage as being a fruitful source of prolapsus of the uterus. This bandage, by compressing the soft parts of the abdomen, forces the organs that naturally occupy that space downward into the cavity of the pelvis. The uterus is thus forced downward, and at a time when it is undergoing involution, or losing its volume. This crowding interferes with its free circulation, involution is performed very imperfectly, and the uterus is left in a state of subinvolution—that is, too heavy. When the woman gets upon her feet, the uterus, which has been forced by the bandage downward into the pelvic cavity for two weeks or a month, has not only no inclination to rise to its natural position, but, in consequence of its increased weight, it has the inevitable tendency to descend still farther, and the result is, permanent

prolapsus. But crowding the uterus downward, is the lesser of the evils caused by the abdominal bandage; the greater is that of its tendency to destroy the natural obliquity of the axis of the uterus to that of the vagina. The spinal column being a fixed point, the pressure of the abdominal bandage causes the fundus of the uterus to be carried backward; and this evil is often greatly aggravated by allowing the parturient woman to occupy too much the dorsal position, uniting the force of gravity to the force of the bandage in causing the fundus of the uterus to be carried toward the spinal column, and thus bringing the axis of the uterus into parallelism with that of the vagina, by which descent is made easy, and nearly inevitable.

Women foolishly imagine that the abdominal bandage is a necessary means of preserving the size and shape of the abdomen. This is a serious mistake. The freer the circulation of blood through the uterus, at this time, the more certainly will it return to its former size, and the nearer the uterus returns to its virgin size, the smaller will be the abdomen, and the better will be the shape. The bandage interferes with involution and therefore destroys the shape. But suppose it did cause a diminution in the size of the abdomen, it must do so by displacing the abdominal organs, and that in a downward direction, and what woman, in order to preserve her shape, will entail upon herself permanent prolapsus of the uterus?

It is also worth remembering that the axis of the uterus is brought much nearer into parallelism with that of the vagina, when the bladder is full than when it is empty, and consequently we should caution, especially lying-in women, against the too long retention of urine. This applies not only to lying-in women, but to all those of sedentary habits, such as, school girls, dressmakers, and milliners. And here I cannot refrain from expressing my opinion that high school buildings are a fruitful cause of uterine prolapsus. Young girls frequently, when attending school, are compelled to go down long flights of stairs, when they are otherwise in no condition to have safely added to them the dangers of a sudden jar, or a succession of jars, such as is caused by descending long flights of stairs very frequently.

I will mention one more cause of prolapsus of the uterus: Any diseased condition capable of causing violent expulsive efforts in a downward direction; diarrhœa or dysentery of a chronic character, accompanied with much tenesmus; hæmorrhoids, and any of the various forms of dysmenorrhœa; or violent and long-continued after-pains; or disease of the bladder; any one of these, or any other affection causing violent and long-continued expulsive efforts, may, by inducing continual pressure upon the uterus, cause prolapsus of that organ.

TREATMENT.

“The first indication as to treat-

ment," says Dr. Thomas, "is to return the displaced organ to its normal position; and second, to keep it there."

To meet the first indication we must remember that the uterus must be lifted upward, and then carried forward, so that it shall not gravitate directly into the vaginal tube, but rest upon the bladder. There is a beautiful provision in nature to meet this last requirement, in the recto-uterine fold of peritoneum, which forms a *cul-de-sac* between the vagina and rectum. This *cul-de-sac* is filled with small intestines and lies between the cervix uteri and rectum, and forms a soft support to the uterus by which it is prevented from being easily carried posteriorly and more directly over the vaginal tube. We must also remember the necessity of causing it to turn forward on being lifted up—to anti-vert it—so that its axis shall have the normal obliquity to the axis of the vagina.

The second indication, "To keep the uterus in its place," is the most difficult problem we have to encounter. A great many plans have been proposed, and tried, to meet this indication, and so far none of them have been uniformly successful. I shall only take time to mention two principal methods:

First, many physicians profess to be able to manage these cases by resorting to general hygienic treatment in connection with the use of our medicines, administered internally; and no doubt a great many very satis-

factory cures are made in this way. The cause of the prolapsus should be carefully removed. All tight clothing should be abandoned, and the patient should support her clothing by means of shoulder straps in place of hanging them to the hips. She should assume the horizontal position as much as possible; and she should be instructed to lie as nearly in the prone position as she can conveniently, so that the uterus may gravitate forward. Some recommend that each night on going to bed, she should be instructed to assume the knee-elbow position for fifteen or twenty minutes. Others go so far as to recommend the patient to be put to bed, and made to lie in a suitable position continuously for weeks or even for months. In connection with these measures the use of proper medicines often helps very much; and this will be most likely to be the case where the prolapsus is caused by some trouble associated with violent expulsive, or bearing-down, efforts. These troubles are usually quite amenable to treatment. The medicines I have found most frequently useful are Sepia, Lilium tig., and Caulophyllin; but many others will be found useful and will be indicated by the symptoms of the individual case. Sometimes, also, the use of an abdominal supporter, and at other times the perineal pad, will be found of service.

But there are cases in which all these means will fail, and we must resort to the second method, the use of a pessary. By this we mean that

some instrument must be passed into the vagina, and so adjusted to the uterus, as to retain it in its proper place. There are very many different kinds of pessaries, but I shall class them in the following manner: First, those that have an internal support only; and second, those that have an external support; third, those that apply their force directly to the neck of the uterus; and fourth, those that apply their force through the Douglas *cul-de-sac*.

The objections to the first variety, those that have only an internal support, are, the difficulty of getting an internal support that will not distend the vagina and thus weaken the natural support; and the difficulty of getting a support that will be sufficiently fixed and permanent and that can be depended on. The second class, or those that have an external support, are generally more approved of, as a firm and continuous force can be applied in this way without distending the vagina, and the instrument is not so liable to get displaced. The third class of instruments, those that apply their force directly to the neck of the uterus, is highly objectionable. They irritate the neck, cause abrasions, and often do more harm than good. The Babcock silver-cup pessary is one of this kind, and one of the best. But I have known it to cause serious abrasions, and have seen cases where the neck had been split up by resting on the edge of the cup. The "Davis," rubber-ring pessary, is of this class;

and according to my observation, often causes abrasions, and also elongation of the neck.

The fourth class, or those that apply their force through the Douglas *cul-de-sac*, is very much to be preferred. By lifting on the *cul-de-sac*, the uterus itself is untouched, and hangs below or in front of, the instrument. The force being applied through the *cul-de-sac*, to the posterior side of the uterus, the body and fundus of the uterus gravitate forward and downward, thus the uterus is anteverted, and the normal obliquity of the axis of the uterus to that of the vagina is restored. While the uterus lies in that position very little force to it is required, as its tendency to prolapse only exists where the obliquity of its axis to that of the vagina is destroyed, and therefore abrasions are very much less likely to occur.

From these considerations it is evident that a good pessary should have an external support, and it should apply its force to the uterus through the Douglas *cul-de-sac*. Babcock's silver-cup pessary, the Davis, and the Wilson, besides many others, meet the first indication, but fail in the second. Hodges' close and horseshoe pessaries, and Meig's ring pessary, meet the second indication, but fail in the first—having only internal bearings. Cutter's pessary comes the nearest meeting both these indications of any instrument I know of in the market; it applies the force through the Douglas *cul-de-sac*, and the lower end of the pessary is made to curve posteriorly

over the tip of the coccyx, and is then supported to an abdominal belt by an elastic rubber tube. I have no experience with this pessary, but should think it would be in the way in sitting down, and this objection would be increased if the instrument should be a trifle too long, and it would fail to restore the uterus to its place if it should be a trifle short. The instrument cannot be adjusted to vaginas of different lengths, and must be an exact fit to be of any use. It is also difficult or impossible to give the desired direction to the force, being supported by a rubber tube.

To obviate these defects in other instruments, I have constructed one, having an external support similar to the Babcock, that can be adjusted to any case by giving the stem the proper

curve, and by means of a screw we are enabled to lengthen or shorten the stem at pleasure. It applies its force through the Douglas *cul-de-sac*, on the same principal as the ring pessary and the Hodges' pessaries. With it you can lift the uterus to any height desired, and fix it there as long as you may wish. The uterus is by it anteverted so as to give its axis the normal obliquity to the axis of the vagina; and by giving the stem the necessary curve, the uterus can be forced anteriorly so that it will not gravitate into the vaginal tube. It thus, in my opinion, meets all the indications required of a pessary, and is much easier of application, and much less likely to cause irritation or abrasion of the parts, than any other I have any knowledge of.

PULSATILLA IN NEURALGIA.

O. B. CUMBACKER, M.D., DUNCAN'S FALLS, OHIO.

Sometime in July, Mr. W., came to me with a request that I should send something to his wife for neuralgia. All he could tell me about it was, that it was in the right side of the head and face; worse at night, and, he thought, there was some throbbing in the head. Gave Belladonna 3, to be followed, if not relieved in twenty-four hours, with Merc. viv. 3. In the course of a week he reported no improvement. Prescribed again. Same effect. Next time he brought her with

him. She is of medium height, forty-five years old, rather stout, sanguine temperament, and was suffering intensely; face flushed, particularly on the right side. There was external soreness and pulsation in the head, all worse in the evening and when stooping. Still nothing suggested itself but what I had tried. Finally I drew out the fact that she had always had these spells when nursing her children, and, that now, she had not "seen anything" for seven or eight

months. (I wish to state here that Pulsatilla has disappointed me oftener than any other remedy, except, perhaps, Chamomilla, and I prescribed it in this case, more because I did not know what else to prescribe, than because I expect it to do any good).

Gave Pulsatilla 6, in alcohol dilution, ten drops three times a day.

Two weeks afterward the man came after more medicine. The headache had left entirely two days after commencing to take the medicine, but they wanted to keep some in the house. Some two months have elapsed and there has been no return of the neuralgia.

MUSK AND THE MORPHINE HABIT.

[A Letter Read at the Third Annual Meeting of the Tennessee Homœopathic Medical Society.]

MY DEAR DOCTOR DAKE: I wish you would call the attention of those physicians present to a few suggestions on the treatment of the "Morphine habit," and ask them, after testing it, to report to me the results, as I wish to gather sufficient proof of its efficacy before publishing. In my own practice I have been singularly successful, curing some of the most aggravated and apparently hopeless cases. I call it the "Musk treatment." When I get a case, or rather I will describe a case I now have under care and about ready to discharge.

Mrs. A., aged thirty-five, mother of three fine, healthy children, began (for relief of neuralgia) to take Morphine and McMunn's Elixer over five years ago, during this time has hardly been from under the influence of it; has made, with the assistance of her allopathic physicians, two attempts to quit it, but failed com-

pletely, and now required over two ounces McMunn daily. On conversing with her, I found her disposed to make any sacrifice in order to be cured. I first drew an *exaggerated* picture of what her sufferings would be while under treatment, she consented notwithstanding.

My first step was to remove from her influence all opiates of every kind, then to give her a preparation of Svapania, prepared by triturating ten grains pure Svapania, (purified opium,) in ninety of sugar of milk. I dissolved two grains of this in half a glass of water and gave her a teaspoonful every half-hour, if very nervous, and advised nothing, if she could get along without it. The effect of the Svapania was to make her a little less nervous than she would otherwise have been. On the second day she commenced begging for McMunn or Morphine, and she gradually went into a violent, hysterical condition,

crying, begging and scolding alternately, screaming for relief and calling for the Morphine.

I then had prepared, according to the following formula, ten Musk powders: Take three grains pure Musk, triturate with five grains of loaf sugar, and give one powder every two hours until quiet. The effect was the same as in every other case I have treated, viz., *it relieved that violent hysteria, the result of leaving off the opiate.* The desire for it remained the same, but she was enabled to resist it. After taking three Musk powders she was comparatively quiet, and one or two powders a day, with a little Svapania in water at night, took her through one week nicely. Diarrhœa set in, as generally the case, but relieved itself. The seventh day she bribed one of the servants and obtained about two ounces of McMunn, and drank it all, we had then to go over much of the same ground again, but in one week more I had her taking a powder of sugar of milk in water, instead of Svapania, and taking Stramonium 6th dil., in pellets, instead of Musk. Last week I had a one-ounce vial of McMunn placed in her room, told her what it was, and if she felt like taking it to do so. She has not yet touched it, (I visited her on yesterday). I neglected to say that twice during the treatment I injected, hypodermically, *water*, telling her it was Morphine, it always had an immediate effect to quiet her suffering.

Now Doctor, I believe that *controlling the nervous trouble*, in leaving it off, is the *only obstacle* in the way

of curing a vast majority of our cases, and I further believe that Musk, prepared as above, will do it. Of course much depends upon the management of the patient, etc. I do not believe that any remedy we have will do so but this, neither do I believe that any of the commercial tinctures or preparations of Musk will answer. It must be *pure*, (it is not disagreeable to the taste). It must come from the *pod* and be free from blood, hairs, etc., and carefully triturated. I usually give three grains at a dose, although in the celebrated Smead case, from Washington, D. C., I used five-grain doses, and cured the case. That was a case of Chloral poisoning, taking daily one ounce of pure Chloral and eight ounces Aqua dist.

The Musk is expensive. Mrs. A's bill for Musk was \$18, but that is a small matter to most patients. I have never observed any symptoms produced from the musk, such as nymphomania, etc.

Please ask any physician who may see fit to try this treatment to report to me the result. I have favorable reports from Dr. M. M. Walker, Germantown, Philadelphia, and others, although many failures have been reported, I am inclined to think, however, that it was a fault of an impure article of Musk.

What I had intended as a short letter has drifted into almost an article on the subject, but I feel anxious to find out how much there is in this treatment. Am very sorry I cannot meet with you.

Louisville, Ky. W. L. Breyfogle.

OBSTETRICAL NOTES.

R. N. FOSTER, M.D., CHICAGO.

[Professor of Obstetrics in the Chicago Homœopathic College.]

VOMITING OF PREGNANCY.

Case 1. Mrs. —, aged forty, had advanced to the fourteenth week of her second pregnancy. Had been pregnant for the first time just fifteen years ago, and had then miscarried at the twelfth week—the miscarriage being due to persistent and intractable vomiting. The history of this, her second pregnancy, had thus far been an exact repetition of the first. For ten weeks she had been confined to her bed by frequent vomiting, which was made worse by sitting up or by standing or walking. Her appetite was good, but a few minutes after eating any kind of food she vomited it.

She had been under “regular” treatment, but without any mitigation of the annoyance, besides she was growing weak and emaciated, and dreaded a second miscarriage.

An examination detected the uterus lying, thoroughly retroverted, in the hollow of the sacrum, which the patient informed me had also been the case in her previous pregnancy. The retroversion was probably a consequence of the increased weight of the womb, as the ready mobility of that organ would indicate that the position had been recently assumed. Moreover, the pelvis was well-formed and roomy, and the replacement of the womb was therefore free from diffi-

culty. It was accomplished by alternately lifting the body and fundus up out of the hollow of the sacrum, and pushing the cervix back toward the coccyx. This was done gently, and the organ thus gradually restored to its proper position.

To retain it there an inflated ring-pessary was introduced and placed precisely as in cases of prolapse, i. e., so that the os rested in the central opening of the pessary.

The next day the patient resumed her household duties, the vomiting having ceased at once, and she is now approaching the fortieth week of pregnancy and is in perfect health.

In retroversion of the womb, when the condition is not complicated by adhesions, the best “repositor” is the index finger, or, if this does not suffice, another inch of progress may be gained by the introduction, within the vagina, of the middle finger also. The elevation of the fundus ought immediately to be followed by pressure on the anterior surface of the cervix, directing that portion of the organ back toward the coccyx. This latter manœuvre will often succeed when the former alone fails.

Case 2. Mrs. —, primipara, had been married three months; had “gone over her time” two weeks, a circumstance by no means unusual

with her, and therefore creating no suspicion of pregnancy. But just at this time began an era of terrible vomiting. If she ate anything she vomited; if she drank anything she vomited; if she neither ate nor drank, she vomited. She retained her food long enough to obtain some little nourishment from it, nevertheless in three weeks she was reduced to a condition of positive danger from starvation. She was pallid, weak, emaciated, with a pulse of 100, daily growing more rapid, and occasional streaks of blood in the substances vomited. Moreover, she was a delicate woman of consumptive proclivities.

She had meanwhile been constantly under treatment, dietetic and medicinal. She had numerous friends, and every one of them had a new diet, which was tried, and each discomfited friend retired to make room for the next. Her treatment was somewhat mixed, ranging all the way from Ipecac. to the Oxalate of Cerium, in "regular" doses. The reader may take it for granted that I simply gave everything "according to the symptoms," and *not* according also, and that my patient daily grew worse.

At length I asked for an examination. Everything in the pelvis seemed normal, both as to condition and location. The womb was no lower in the pelvis than is usual in perhaps one-third of our cases examined, whether pregnant or non-pregnant. Nevertheless I determined to introduce an inflated ring-pessary, by which means I would at least alter

the position of the womb, and bring what little pressure there was to bear on new points and in new directions. Possibly an over-sensitive nerve might thereby be relieved, and this reflex irritation stopped.

Therefore the pessary was introduced, and the vomiting ceased immediately; occasional slight nausea was experienced during the next two months, but not so as to cause the patient any real discomfort. The pessary was not felt by the patient at all, and was retained for three months, when it was removed. She is now in her thirty-sixth week and well.

Case 3. Dr. A. W. Woodward lately reported to me a case equally intractable with the two preceding, when I related to him this "story of the two pessaries," thereby inducing him to try the same experiment. The result in his case was a total failure, wherefrom we may reasonably conclude that the inflated ring-pessary is not a "specific" in this disease, and indeed we do not as such recommend it. But the second case suggests as one cause of the vomiting in these cases a hyperæsthesia of the uterine nerve, of such a character and so located that simply altering the position of the uterus may chance to settle the whole difficulty. The pessary is therefore worthy of trial in such cases, especially as the experiment, if not successful, is at least perfectly harmless. Besides, how can we by medication cure a case which is of such a nature as to yield at once to this simple mechanical method? Could we by searching find

a simillimum so high or so low, or a dose so orthodox and so strong, as to cure without the pessary just this particular case?

A VERY SHORT CORD.

Case 4. Mrs. —, in labor for the second time had progressed favorably in all respects until the head had entered the cavity. At this time the os was fully dilated, the pains rapid, regular, strong and expulsive; all the parts in excellent condition; the presentation that of the vertex in the first position; and the relations between the foetal head and the pelvis easy. Yet no further progress was made. Each expulsive effort would force the head well down towards the ischiatic boundaries of the outlet, but on the subsidence of the "pain," the head would spring back with peculiar rapidity. This resilience of the head was the characteristic feature of the labor at this time. No amount of examination or speculation could satisfy me of the cause of this peculiar movement of the head. I suspected that the uterus grasped the body of the child unduly, or that an arm was so misplaced as to catch at the brim. After waiting three hours for some sign of progress, but in vain, I applied the forceps, and in four pains, by

moderate aid, the head was born. The forceps were not removed while the head passed the vulva. And now was seen the cause of the delay. The face of the child was purple; the cord was around the neck so tight that only with difficulty could a finger be inserted between the cord and the neck. Toward the umbilicus and toward the placenta alike the cord was as tense as the string of a bow. I cut it at once as the only means of liberating the child. The expulsion of the body followed immediately, and when the placenta came away the whole cord was found to be eighteen inches long; this would allow six inches from the umbilicus to the child's neck; six for the portion that encircled the neck; and six for the remainder, which was not enough to permit the descent of the child.

The woman had complained of a dragging pain at the fundus during the labor, and of a still more severe pain at the same point during traction with the forceps. The central cotyledon of the placenta was torn out, and left in the uterus. Satisfied that it would be detached without my interference I did not search for it, but kept a sharp eye on my patient. She made a good recovery.

DOESN'T MAKE BRAIN.

IT now turns out that oat meal doesn't make brain after all, and the Philadelphia editors who laid in a

dozen barrels apiece for winter use will be almost mad enough to give it to the poor.

AN ANOMALOUS PATHOLOGICAL SPECIMEN.

EUGENE F. STORKE, M.D., MILWAUKEE, WIS.

It seems to me that writing an article for a medical journal should be considered a serious matter, and not one to be jumped at hastily, and written up in a careless, unguarded manner. As every person can wield more or less influence, for good or for evil, so can every article that is published and sent adrift.

It may present to the readers *some* truth which will suggest a more thorough investigation; it may call forth a discussion which will develop much useful matter; on the other hand, it may be weak, even untrue, showing the height, breadth and depth of the writer's ignorance, and thereby call down upon him the sarcasm of the ever-watchful and o'er-towering critic.

If a physician discover, in his practice, some anomalous case or condition of affairs, let him search well standard authorities on medical subjects, to discover, if possible, some allusion to such a case as the one he has in mind, and if after due search nothing bearing such relation shall be found—then, let him report it as an anomaly.

Should he write from the impulse of the moment, he might appear unfamiliar with his subject, call forth adverse criticism and perhaps show up one branch of the medical-tree in a most unfavorable light.

I once contemplated writing up the following case, claiming for it priority among all the unexplainable anomalous pathological specimens, I had met with. A little after-consideration kept me from rushing into print with something new and startling, only to be reminded by some one else, that a little further research might explain the whole matter.

Not long since I assisted my worthy friend and colaborer, Dr. B——, in conducting an autopsy on the body of an old gentleman who had been ailing for years, with some obscure trouble presenting but few unintelligible symptoms; among which was occasional difficulty in voiding urine, that had been variously attributed to calculus, enlarged prostate, stricture, etc., etc., followed by increasing enlargement of the abdomen, in the hypogastric region. Nearly every available physician had been summoned to his aid but with like results—availing him nothing save the remark, “strange case that can only be cleared up by an autopsy.

The bladder was found to occupy the greater amount of the abdominal cavity below the umbilicus. Its shape was extremely irregular, and it was apparently filled with fluid. Closer investigation elicited the fact that the bladder proper, had not increased, but diminished, in size, while its walls

were considerably thickened. It contained only a small amount of apparently healthy urine. From the bladder, laterally and posteriorly, there sprung several—perhaps eight or ten—sacs, varying in size, from that of a hen's egg, to one which was considerably larger than the bladder. These were in structure similar to the bladder and opening into it, each by an os, these osæ varying in size, none exceeding that of a goose-quill. Each sac was nearly full of a dense, white, cloudy fluid, of a strong, urinous odor. The prostate gland was somewhat enlarged. The ureters largely dilated and containing a small quantity of urine. The kidneys, badly disorganized, the pelvis of each very much increased in size, at the expense of its structure, and containing no small amount of urine. The other abdominal organs were all more or less displaced to accommodate the increased bulk from below.

This case was, to us, one of much interest, as we had never read or heard of a similar one; but, though remarking at the time that the case ought to be written up, for our journals, it was dropped and apparently forgotten. Later it recurred to me and with it the resolve to search the medical records for an explanation. The result was the following, from Bumstead's *Veneral Diseases*, page 251. In speaking of the urethra, he says:

"The vesical walls become hypertrophied, as a consequence of the obstruction to the flow of urine and

the additional force requisite for its expulsion induced by the stricture. This hypertrophy chiefly affects the muscular layer, but does not wholly spare the areolar tissue which is somewhat thickened and increased in density. The walls of the bladder may become very much thickened. The developed fascicle of muscular fibres form prominent ridges upon the mucous surface, and have been aptly compared to the columnæ carnæ of heart's cavities. Frequent and violent expulsive efforts cause protusion of the mucous membrane, between these columns, and pouches are formed, which, small at first, may gradually increase in size, until they equal or excel the dimensions of the bladder itself. Their developement is favored by the fact that they are chiefly composed of mucous membrane with an imperfect layer of muscular fibres, a little areolar tissue and the peritoneum externally. There are frequently from three to six of these pouches, and sometimes many more; their communication with the bladder is often through a very small opening; they contain fluid, etc."

In our case the urinary obstruction was one of long standing, and the hypertrophic process had taken the course above described, with results as shown by the autopsy.

This article is not designed to disparage journal writing, but to stimulate, if possible, more careful consideration of the subjects upon which we may be writing, that we may express ourselves fearlessly and truthfully, and at the same time, prevent unfavorable comments upon our noble structure—homœopathy—or its representatives.

“DENTAL” AS RELATED TO “GENERAL” PRACTICE.

BY GORTON NICHOLS, CHICAGO.

Constitutional treatment for even the simpler forms of oral disease, without appropriate accompanying topical applications, must, in all candor, be pronounced a delusion and a snare. The exhibition of an indicated drug to relieve severe pain, from whatever cause, is, or ought to be, for the time being, well enough; but because there follows a cessation of the pain, to pronounce or infer a *curé* is—at least so far as dental practice is concerned—utterly preposterous. Take for instance the very simplest form of toothache caused by caries, where the enamel lime-salts yielding to external dominating affinities, have left exposed to thermal changes and the action of the secretions a minute superfluous dentition: irritation, inflammation, pain, “toothache,” supervenes. The physician, if called upon, prescribes Antimony, Aconite, Mercurius, or—whatever fits the “grouping of the symptoms,” and, usually, the pain, the “ache,” disappears, the case is pronounced cured and the patient discharged. But what has become of the caries? What has become of the tendency in that particular tooth to yield up its lime-salts and go into bankruptcy? Has the medicament operated in a manner to arrest that tendency? Has it changed the character of the secretions? Has it set up repair? The history of almost every

such case, if followed up, has but one sequel: gradual extension of the disease; encroachment upon, exposure and final death of, the pulp; putrefactive irritation of the investing membrane at the apical foramen; inflammation, suppuration, ulceration, “swelled head,” forceps—lucky if nothing more serious. All this because no topical treatment was given in conjunction with, and supplemental to, the physician’s prescription.

Some years ago a Mr. T. called, in the night, suffering terribly from an attack of periostitis. Each of the lower lateral incisors were involved, and a crazier sane man it would be hard to find. I administered Tinct. Valerian, 60 gtt., and immediately gave him a hot foot-bath; in twenty minutes he was free from pain and sound asleep, *but the ulcer was not cured*. I saw him two years afterward and they were still discharging pus, and the teeth “a little tender to the touch.”

The foot-bath and Valerian had performed the physician’s part, but the dentist’s, *the cure of the ulcer*, remained undone. Invulnerable to good advice, he refused to have them treated “so long as they did not ache,” and, as a consequence, no doubt will lose, or has lost, them both—as he ought.

HOMŒOPATHY ILLUSTRATED

SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, the facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrators and forward them to the editor.

14.

CHRONIC DIARRHŒEA.—NUPHAR LUTIUM.

J. L. Gage, Hornellsville, N. Y.

Mr. P., aged seventy-two, in the summer of 1873, had dysentery which was never cured, but resulted in a chronic diarrhœa. In February, 1871, his wife died; this had a very depressing effect, and he failed rapidly. He was arranging his affairs, expecting to follow his wife soon, and probably would had he followed up the same treatment. The first of April I saw him, and noticed the following symptoms:

Pale, sallow complexion; emaciated; food tasteless; no appetite or relish for food—this I looked upon as the worst symptom indicative of his approaching end; tongue, red, clean; he was feeble, scarcely able to walk; had to rise at six o'clock every morning for stool; usually two to four passages in a few hours, and no more until the next morning. The call was *urgent, he must go quick. Stool liquid, light yellow; smarting at the anus; extreme prostration.*

I gave him Bryonia at first, which relieved him, but was not perfectly homœopathic, I then gave Nuphar

lut., (I had just been studying its effects,) this cured him quickly and permanently.

In six weeks, instead of the sallow, pallid look, the feeble body and depression of spirits, he had a fresh, ruddy look, good appetite; was cheerful and happy, at work in his garden. Has remained well since.

15.

PHOSPHORUS.—CHRONIC DIARRHŒEA.

J. L. Gage, Hornellsville, N. Y.

Mr. M., aged forty-eight, had had diarrhœa for eight years, never a day free from it. He had from two to twelve or fifteen stools a day. Always *worse in warm weather; stools light yellow and painless; appetite good; health not much impaired.* I met him one day walking with a cane, leisurely, spoke to him, said he was not well, and related the above facts and symptoms. I gave him Phosphorus 6, to be taken three times a day. Saw him again in about two weeks, he was perfectly well, and remained so. He said in three days after taking the medicine he had a natural stool, the first in eight years. Only the one prescription was given.

16.

CHINA. CHRONIC DIARRHŒA.

J. L. Gage, Hornellsville, N. Y.

Mr. S., aged seventy, a retired farmer, had recently moved into town; called at my office, said he had a brother that had been dinging at him for years to try homœopathy. He said he had had diarrhœa for twenty years. He had tried all the *best physicians* in western New York. No good. Symptoms were: *watery stools, generally dark color; painless; much flatulence, especially at night; stools toward morning and during the day.*

This was in June, he was always *worse in warm weather.* China cured him in ten days. He remained perfectly well through the summer, fall and winter. In the spring he had a sore or abscess of some kind, and he thought he must employ a native surgeon. He drugged him, lanced the sore, and it got well, but that old diarrhœa was back again. The doctor said he could cure it, but the more he "cured" the worse he grew. He

continued under the doctor's care about four weeks after the abscess healed, then sent for me. The symptoms were much the same as formerly, only the stools were wholly involuntary, he had no control over them. He was completely a victim of misplaced confidence. I gave China 6, every ^{second} day, lengthening the interval ^{until} improvement went on. The relief was prompt and in two weeks he was perfectly well. Never had a return of it. He lived three or four years, sickened and died while I was sick myself.

REMARKS.

What remarks is it necessary to make? Every homœopath knows these cases are only illustrations of the law of cure guiding us. I could cite various other cases, but it would only be a repetition of what occurs in every physician's practice. There is hardly a case of chronic diarrhœa but what is amenable to homœopathic treatment, but the old school are powerless to cure such cases.

NEW PUBLICATIONS.

SHERMAN'S THERAPEUTICS AND MATERIA MEDICA; For the Use of Families and Physicians. By LEWIS SHERMAN, A.M., M.D. Milwaukee; 1877; pp. 203.

This domestic book, just out, possesses some prominent features. First, the information in it, in regard to hygiene and prophylaxis, is alone

worthy of its cost. Again the recommendations are made with a clearness quite within the comprehension of the laity. In the special domain of therapeutics, we think the author might have added more characteristic indications, and still succeeded in his endeavor to avoid confusing the mind by saying too much. The "pure salt,

or mother tincture," are occasionally advised. The attenuations, in the main, are suitable for domestic use. The book will vie with others of like character, and will no doubt meet with a popular sale.

A SYSTEM OF OBSTETRICS ON HOMŒOPATHIC PRINCIPLES, ^{by} ^{who} M. C. RICHARDSON, M.D., ^{the editor.} of Obstetrics in the Hc Medical College of Missouri. St. Louis; pp. 450; \$5.

This is a book of four hundred and fifty pages with one hundred and nine illustrations, including eleven plates. The author is professor of Obstetrics in the Homœopathic Medical College of Missouri, and is presumably familiar with the subject in hand and amply capable of teaching the same. The object of the author in bringing forth this new volume of obstetrics is stated in his preface, "to have all the information possessed on the subject condensed into as few words as possible," and "to include only that which will be found of utility in actual practice." This is certainly a laudable undertaking, but in justice to our readers we are compelled to say that the author's good intentions have woefully miscarried. If one was fond of criticism this work would furnish a perfect carnival. The title itself is seriously objectionable, for a system of obstetrics cannot be distinctively homœopathic, nor can it be based on homœopathic principles, any more than can a system of physiology or pathology. In view of the fact that the work is so largely a compila-

tion, and leaving out the therapeutics, we would respectfully suggest that this system of obstetrics is more *eclectic* than homœopathic.

The therapeutics of the various diseases were prepared by Professor Uhlemeyer, and this portion of the work seems to have been well done, and is valuable. The descriptive portions however—the chapters on the Anatomy and Physiology of the Generative Organs; the Diagnosis of Pregnancy; Parturition, etc., are written carelessly, and, judging by some passages, it would seem, heedlessly. The opening sentences of the chapter on Abnormal Pregnancy, for example, are utterly unintelligible. The "Signs and Symptoms" of pregnancy are meagerly and obscurely given.

Several of the most reliable indications are altogether omitted, as for example, the stretching of the antero-superior wall of the vagina, and the consequent obliteration of anterior *cul-de-sac*, which takes place as early as the end of the second month, according to Spencer Wells, and which we have repeatedly verified as one of the most certain signs of pregnancy in the primipara. Again, it is stated that nausea and vomiting are always present as "presumptive signs of pregnancy," a statement which is ridiculous.

In the chapter on the Puerperal State, the author devotes a paragraph to "Retention of Urine," in which he says "Arnica is not the specific remedy," but no other remedy is mentioned, and the subject is thus

negatively disposed of. Professor Cummings contributes a chapter on hygiene, and Prof. E. M. Hale two chapters on functional dystocia. The latter constitute by far the best part of the work and will repay perusal. The illustrations are like much of the text, borrowed from various standard authors and many of them are judiciously selected. In a word, the book is a hurriedly-condensed and shabbily-published compilation of other men's views and statements on obstetrics, which any student or practitioner of medicine would be foolish to buy at the price named for it, if he could afford to buy one or more of the standard works mentioned in the preface as the sources of material drawn upon. If this work is a fair specimen of our literature, we do not wonder that an idea has got abroad that "the critical period of homœopathy" has arrived. But it is not, and we do not believe that it is a fair specimen of the author's ability. He is capable of better things. This is simply a premature delivery.

T.

THE TREATMENT OF FUNCTIONAL DYSTOCIA; or Difficult and Painful Labor. By EDWIN M. HALE, M.D., Professor of Materia Medica and Therapeutics, Chicago Homœopathic College. Paper, 25 cents; pp. 36.

This pamphlet of thirty-six pages is full of expedients for an emergency, as well as prophylactic hints. The reputation of the author is wide enough, not to need comment, save to say that the new remedies have the

most place in it, and that the treatise is worthy of its author.

THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST AND POCKET REPERTORY. Second edition. By ROBT. FAULKNER, M.D. Philadelphia: Boericke & Tafel.

To have business is one thing and to manage the financial part successfully, quite another. The above pocket book is a valuable aid, both in keeping finances up and in "prompting" to an exact prescription. The repertory is rewritten and contains the polycrests as well as the most useful new remedies. (This can be referred to at the bedside under cover of "accounts" or "notes"). The visiting portion has heading and space for daily engagements, deaths, obstetric and prescription records; also, obstetric table and memoranda. The whole neatly bound in diary form. A system of this kind will pay for itself many times over in preserving what would otherwise be forgotten.

PHYSICIANS' CONDENSED ACCOUNT BOOK. Chicago: Gross & Delbridge.

This book differs from any we have seen; it contains two hundred and fifty pages, and is intended to lie on the desk. With it there need be no separate day-book, ledger and journal. One person's account for the month is expressed under the appropriate rulings, in a straight line across the double page, in the following order: Name, residence, dates successively,

amount, balance, old account, total due, cash paid, deduction, balance due. The items and total of an ac-

count can be seen at a glance. certainly this system has the merit of simplicity and conciseness.

PLUMBUM IN CIRRHOTIC KIDNEY.

CHAS. GATCHELL, M.D., ANN ARBOR, MICH.

[Lecturer on the Theory and Practice of Medicine in the Homœopathic Medical College of the University of Michigan.]

August 1, 1877, I was called to see Mr. A., living on Grand avenue, in Milwaukee. I recorded the following history:

Man of good habits, well-nourished, has always enjoyed excellent health. Aged fifty.

For about six weeks he had complained of an indisposition—nothing defined, but simply “did not feel well.” For about ten days this indisposition was increased, and he complained of frontal headache and difficulty of breathing.

Condition noted August 1st.—Patient complains of general indisposition, loss of appetite, frontal headache, made worse by mental application. There is difficulty of breathing at all times, but especially noticed when lying down at night, causing discomfort and loss of sleep. Both ankles highly œdematous, so that the prominences of the malleoli are entirely obliterated. The skin is dry, and the patient does not perspire, even when taking active exercise on a hot day. The dyspnœa, œdema and inaction of the skin, had been noticed

for about a week. As the heart's action was found to be normal, both in rhythm and valvular sounds, and though asthma might account for the dyspnœa, it would not for the œdema of the ankles, attention was directed to the kidneys. Enquiry elicited nothing except that a slight, dark cloud had been noticed in the urine, which would settle toward the bottom on standing.

The next morning an examination of the urine was made, with the following result: Reaction, acid; specific gravity, 1016; albumen, $\frac{1}{n}$. The microscope revealed a number of finely granular casts and some blood corpuscles, which latter accounted for the slight cloud which was suspended in the urine.

The evidence was now all in, and the case put down as that one of Bright's diseases which has the small, contracted, or cirrhotic, kidney. This accounted for the œdema of the ankles, œdema of the lungs (!), headache, gastric symptoms, and other signs. How long the degeneration of the kidneys may have existed unsus-

pected, cannot be known, but certainly the disease had been making such rapid strides for a few days, that if not arrested the condition would soon become one of imminent danger. The patient was directed to drink all the milk that he could comfortably take. He was also ordered to take each day a hot-air bath, until free perspiration was induced. Having a distinct recollection of a case of contracted kidney reported by Prof. S. A. Jones in the *Observer* for November, 1875, in which he used Plumbum with marked results, I placed the patient on a trituration of Plumbum metallicum, four doses daily.

The urine was examined every second day with the result given below:

Aug. 4th.—Specific gravity, 1011. Albumen, $\frac{1}{15}$. A few granular casts, and some blood corpuscles.

Aug. 6th.—Sp. gr., 1010. Albumen, $\frac{1}{18}$. Microscope shows fewer casts, and blood corpuscles less abundant.

Aug. 8th.—Sp. gr., 1011. Albumen, $\frac{1}{24}$. Microscope reveals but few blood corpuscles, and the casts have entirely disappeared.

The patient reports that he slept well all night, for the first time since the appearance of the dyspnœa. The œdema of the ankles is subsiding so that the malleoli are coming into view. The appetite is improving, headache lessening, and the general feeling is more like that of health.

Aug. 11th.—Sp. gr., 1012. Albu-

men, $\frac{1}{48}$. Microscope shows no casts, no corpuscles.

Aug. 13th.—Sp. gr., 1016. Albumen—not enough to estimate, only slight milkiness. No casts, no corpuscles.

Aug. 15th.—Sp. gr., 1012. Albumen—slight milkiness, fainter than last time.

Aug. 25th.—Sp. gr., 1016. To-day, for the first time, heat and acid precipitate, no albumen whatever.

Aug. 30th.—Sp. gr., 1015. No albumen. Microscope reveals nothing abnormal.

The relative quantity of albumen was arrived at by coagulating it in a tall, flat-bottomed tube. After settling, the amount of albumen, as compared to the amount of urine, could be accurately determined by measurement with a rule graduated to sixteenths of an inch.

As the urine now presented nothing abnormal, except the specific gravity below the normal standard, denoting probably a diminished excretion of urea, so the patient has now nothing to complain of. There is no dyspnœa whatever—the tongue is clean and appetite good—no headache—the œdema has entirely disappeared from the ankles, and altogether the patient feels that he is a well man.

The result, especially as regards the rapidity of the recovery, so exceeded my expectations that I felt that there might have been a mistake as to the form of kidney degeneration with which I had to deal. I ex-

expressed as much in a letter to Professor Jones, in which I detailed the case, but he agreed that there was no room for doubt. He further advised the continuance of the remedy in the 30th attenuation, giving it once a day for alternate weeks.

As a new kidney cannot be made out of an old one, the patient was warned that some day there might be a return of the trouble.

Thus we have by the use of Plumbum met. 6x (81-millionth men please notice!), which was the attenuation used, an arrest of the degenerative process in a cirrhotic kidney.

But I suppose this would have little significance to T. Grainger Stewart, who, in his excellent work on "Bright's Diseases," says, "we are indebted to Dr. Garrod for the observation that *the introduction of lead into the system favors the occurrence of gout and of the cirrhotic kidney.*"

I would say a few words on the diagnosis.

That it was not acute tubal or desquamative nephritis, we may judge from the fact that there was absence of all febrile signs which usually accompany this form. From the facts that there was an absence of febrile signs, that the quantity of albumen was not great, that the urine was not dark and smoky or diminished in quantity, that the specific gravity was not high, and that the dropsy was not extensive, we may judge that the case was not one of the inflammatory variety, with acute tubal or desquamative nephritis.

The case was wanting in the history that would suggest the waxy or amyloid variety. There were not the cachexia, the scrofula, necrosis, or any results of wasting diseases which precede or accompany this form.

That it *was* the cirrhotic variety would be indicated by the insidious beginning, the small quantity of albumen together with low specific gravity, the pale color (Granger Stewart says that there may be blood in the urine in this form, but in this case there were not enough to affect the color), the undiminished quantity of urine, and a *history of gout*, in a near ancestor, which I afterward obtained. And finally, if we may be allowed the class of evidence which the "regulars" use in distinguishing malarial from other fevers, "it was malarial because Quinine stopped the paroxysms."

This was cirrhotic because *lead* arrested the disease.

Professor Jones was led to the use of Plumbum in this disease by the similarity between the pathological condition and the results of lead poisoning as exhibited in the morbid anatomy of the kidney, and he put the first case on record, which I am glad to be able to follow by the second.

Oct. 16th. Examination of urine shows sp. gr. 1018. No albumen.

Nov. 21st. A recent examination shows no change in the character of the urine, while in general health the patient has nothing to complain of—feels as well as he did before he was taken sick.

MEDICAL MEMORANDA.

HOMŒOPATHIC MEDICAL SOCIETY
OF TENNESSEE.

The Third annual meeting of this society was held in Memphis, Tenn., September 18th and 19th. Delegates were present from several sections of the state, and the interest of the occasion was enhanced by the presence of Dr. E. C. Franklin, of St. Louis, one of the leading surgeons of that city, who came as a delegate from the Homœopathic medical college of Missouri. The meeting was opened, at half past 10, by an address from the president, Dr. L. D. Morse, of Memphis, on the pernicious effects of theories in medicine. The doctor claimed that researches concerning the intimate nature of disease were barren and useless, and that hypotheses concerning the action of medicine had led therapeutics into a bewildering maze of contradictions, and given rise to scores of conflicting medical sects. Physio-pathology, he claimed, was the grave of scientific medicine. The proper way to advance medicine was by carefully observing diseases and the action of remedies, without trying to explain why diseases were diseases, or how drugs acted in their cure of disease. The greatest medical philosophers of the day taught that rational empiricism was the only way to advance therapeutics. Out of this rational empiricism homœopathy had arisen, whose law of cure, enunciated by Hahnemann, was destined to bring about the greatest reform in medicine.

After the address, a paper by Dr. W. H. Holcombe, of New Orleans, was read.

Dr. W. L. Breyfogle's paper on the treatment of the Morphine habit with Musk, was then read and discussed.

Dr. F. F. De Derky, of Mobile, presented a paper on the advancement of homœopathy in the south. He thought the great obstacle to be removed was the popular ignorance of homœopathy.

Dr. W. E. Green, of Little Rock, presented

an able and exhaustive paper regarding the treatment, medical and surgical, of gleet and urethral stricture. After discussion of this paper, the society adjourned till two o'clock in the afternoon.

AFTERNOON SESSION.

The society resumed operations at two o'clock in the afternoon, and listened to the following papers: "Erysipelas," by Dr. Frank Eastman, of Nashville; "Future of Homœopathy," by Dr. S. Saltmarsh, of Knoxville; "Avoidable Obstacles to Homœopathy," by Dr. A. R. Barrett, of Nashville; "The Hot Springs of Arkansas," by Dr. George Streeter, of Hot Springs; "Medical Legislation," by Dr. J. P. Dake, of Nashville.

Dr. Dake did not believe in the appointment of State medical examining boards; thought they were contrary to the spirit of freedom and progress of this country; that such measures had been used as engines of oppression, and were obstacles in the way of scientific development. He was in favor, however, of the appointment of State boards of health which should contain representatives of the different schools of medicine, and that special attention should be paid to public hygiene.

Professor Franklin, of St. Louis, then gave a description of his improvement of Dr. Sayre's apparatus for the treatment of "spinal curvature," and presented a number of cases treated by him with this apparatus. A vote of thanks was tendered Dr. Franklin, for his exposition of this new method in orthopædic surgery, and the society then listened to and discussed the following papers:

"Discovery and Extraction of Foreign Bodies from the Eye," by Dr. I. W. Buddeke, of Memphis.

An able paper on "Syphilitic Iritis," was read by Dr. Walter Dake, of Jackson, Tennessee.

Dr. J. G. Malcolm, of Memphis, then pre-

sented an exhaustive paper on "Uterine Displacements."

A paper by Dr. W. A. Edmonds, formerly of Memphis, now of St. Louis, on "Infantile Dietetics," was read and discussed. Dr. Edmonds, who has been recently elected to the chair of diseases of children in the Homœopathic medical college of Missouri, entered into an exhaustive consideration of his subject.

Dr. William C. Dake, of Nashville, read a paper on "Diphtheria," embracing an analysis of one hundred and seventy-six cases of this disease, occurring in his practice during the last eleven months. Out of this number there were eleven deaths.

Dr. L. D. Morse, of Memphis, read a paper on the "Use of Arsenicum in Malarial Diseases." Dr. Morse arrives at the conclusion that this remedy is one of the oftenest indicated and most efficient in the treatment of chronic malarial poisoning, while it exercises little curative influence in acute febrile attacks.

The society then adjourned to eight o'clock at night.

EVENING SESSION.

The society resumed the consideration of papers and listened to and discussed an article by Dr. T. E. Enloe, of Nashville, on "Diagnosis of Advanced Pregnancy."

Dr. C. R. Doran, of Nashville, presented a paper, narrating the treatment of a number of cases with "high potencies."

Dr. J. R. Allen, of Memphis, presented a paper on practical experience in the treatment of the insane.

Letters expressing good wishes to the society were read from Dr. Hale, of Chicago; Dr. Murphy, of New Orleans; Dr. Willard, of Pittsburgh; Dr. Preston, of Pennsylvania; Dr. James, of Philadelphia; Dr. Tydeman, of Knoxville, and Dr. Tabor, of Atlanta.

The board of censors reported eleven applicants for membership. The applicants were duly elected, and five leading physicians outside of the state were made honorary members of the society.

The following officers were elected for the ensuing year: E. H. Price, M.D., of Chatta-

nooga, president; J. R. Allen, M.D., of Memphis, S. Saltmarsh, M.D., of Knoxville, vice-presidents; William C. Dake, M.D., of Nashville, secretary; T. E. Enloe, M.D., of Nashville, treasurer; J. P. Dake, M.D., of Nashville, D. G. Curtis, M.D., of Chattanooga, J. H. Morgan, M.D., of Knoxville, censors.

The society then adjourned to meet in Chattanooga, on the second Wednesday in September, 1878.

PERSONALS.

Dr. C. L. Gish, from Shopiere to Pewaukee, Wis.

Dr. T. J. Merryman, from Aledo to Champagne, Ill.

Dr. J. Deetrick, from Georgetown, D. C., to Butler, Pa.

Dr. W. H. Burt, of this city, is down with diphtheria.

Dr. J. R. Pirtle, from Delphi, Ind., to Louisville, Ky.

Dr. Joseph Whittemore, from Mitchell to St. Ansgar, Iowa.

Dr. A. W. Woodward, has removed his office and residence to No. 130 Ashland avenue, corner of Monroe street.

Dr. Chas. Gatchell, of Milwaukee, has been appointed lecturer on the Theory and Practice of Medicine, in the University of Michigan at Ann Arbor.

ITEMS OF INTEREST.

The Central Military Tract Homœopathic Medical Society meet at Galesburg, December 6th, 7th, and 8th. A cordial invitation is extended to physicians, to attend the meeting.

The Illinois State Board of Health met at Cairo, Ill., on the 15th of November. Present, Dr. Rauch, president; Dr. Grey, secretary; Dr. Wardner, treasurer; and Drs. Sullivan, Clark and Chambers. Dr. Bateman and Professor Gregory were absent. The sessions have been of much interest. Thirty-seven candidates were examined and

acted upon. The following resolution was adopted :

Resolved, That, on and after July 1, 1878, this Board will not recognize the diplomas of any medical school which does not require of its candidates for graduation the actual attendance upon at least two full courses of lectures, with an interval of six months or more, and also that, after the same date, the Board will not consider any medical school as in good standing that holds two graduating courses of instruction in one year.

After careful investigation, the board decided to reject the diplomas issued by the Physio-Medical College and the Physio-Eclectic Medical College, both of Cincinnati. The next meeting of the board will be held at Galesburg, December 6th.

Aye, tenderly close his eyelids,
In the sleep of the tyrant death,
Composing his cold limbs sadly,
With tears and a bated breath.
The clods may above him harden,
With the turf, or the chilling snow—
Oh, bury your dog in the garden,
He'll make the cabbages grow.

If every number is as interesting and instructive as No. 3, it will prove one of the most useful journals in our literature.—H. H. Darling, Keene, N. H.

THE "HOMŒOPATHIST."

The January number of the HOMŒOPATHIST will contain an additional number of pages, a department of especial value will be added, and Volume II. will be introduced. We shall issue a large edition, and shall present a fair illustration of what the HOMŒOPATHIST will be during the coming year. Notwithstanding the new attractions the subscription price will remain at two dollars a year, although prompt payment will still be insisted upon.

The reception of this monthly has been more gratifying from month to month, and its circulation has increased with each successive issue; we shall continue our exertions to maintain for this journal the same *practical*

character which has been universally accorded to it, and will push its advance by all legitimate means to future conquests.

Subscribers wishing to bring the HOMŒOPATHIST to the notice of their friends, can have *specimen copies without charge* mailed directly from this office, by sending the address to us.

Always state with what issue you desire your subscription to commence.

Postage stamps of the 2-cent or 3-cent denomination may be used when necessary to remit fractions of a dollar.

In addressing the publishers, please give your Post Office, County, and State, with name of street and number (if any), in full.

The Index to Vol. I., which, by the way, is arranged on an improved plan, will be sent to all subscribers with the January issue.

All subscribers who have not received the July number (No. 1.), or any other number, and *have not already notified us*, will please do so *immediately*.

In remitting for single subscriptions it will usually be safe to send in a *well-sealed, plainly-directed* envelope; but in sending larger sums always procure a Post Office Money Order or send in Registered Letter.

Subscribers will oblige us by renewing their subscriptions a short time before they expire. This saves us the labor of erasing the names and re-entering them upon our books, and also insures the prompt receipt of the journal by the subscriber.

Subscribers and correspondents will confer a favor by being particular in writing their name plainly. Care in this respect will save us much time in deciphering illegible writing, and prevent many annoying and unavoidable mistakes. Names and places familiar to the writers are not so to us; a little care on the part of the writer would save us much valuable time.

All postage is prepaid by us.

SHARP & SMITH,
MANUFACTURERS AND DEALERS IN
Surgeons' Instruments
AND
PHYSICIANS' GOODS.



WESTERN AGENTS FOR
Geo. Tiemann & Co.'s Celebrated Surgical Instruments,
And Jerome Kidder's Batteries,
Manufacturers and Importers of
ALL KINDS OF SURGEONS' INSTRUMENTS AND APPLIANCES
FOR THE
*Mechanical Treatment of all DEFORMITIES, Debilities, and Deficiencies
of the Human Frame.*

ARTIFICIAL ARMS AND LEGS.

No. 100 RANDOLPH STREET,

Between Clark and Dearborn Sts.

CHICAGO.

INSTRUMENTS AND BATTERIES REPAIRED.

HAHNEMANN

HOMŒOPATHIC PHARMACY,

No. 35 Clark Street, Chicago.

H. N. SMALL.

Homœopathic Books AND Medicines

TINCTURES, TRITURATIONS,

Sugar of Milk, Pellets, Dilutions, Family Cases, Etc,

A System of Obstetrics

— O N —

HOMŒOPATHIC PRINCIPLES,

By WM. C. RICHARDSON, M. D.,

PRESIDENT OF THE MISSOURI SCHOOL OF MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN, PROFESSOR OF OBSTETRICS IN THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI; FORMERLY OBSTETRICAL EDITOR OF THE AMERICAN OBSERVER; VICE-PRESIDENT OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MISSOURI; MEMBER OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, OF THE WESTERN ACADEMY OF HOMŒOPATHY, OF THE ST. LOUIS HOMŒOPATHIC MEDICAL SOCIETY, &C., &C.

PROFESSOR RICHARDSON'S complete treatise on Obstetrics is now ready, and is recommended to practitioners and students as one of the most concise and practical text books that has ever been offered to the public; it includes diseases of women and infants, and is copiously and beautifully illustrated by upwards of one hundred figures, including several superb lithographic plates.



Sample of Illustrations in Richardson's Obstetrics.

This book is elegantly and substantially bound in cloth, and contains between four and five hundred pages, printed on good paper, with new type bought especially for the purpose.

Price, \$5.00. Send on your orders.

JAS. E. GROSS, M.D.

NORTHWESTERN

JNO. B. DELBRIDGE.

HOMŒOPATHIC PHARMACY,

GROSS & DELBRIDGE.

COMPLETE ASSORTMENT OF MEDICAL SUPPLIES.

Medical Books, Surgical Instruments,

WESTERN AGENTS FOR

**BOTSFORD'S HAMAMELIS,
DR. DORRIS' VACCINE VIRUS.**

PUBLISHERS OF THE

PHYSICIANS' CONDENSED ACCOUNT BOOK,

An Epitomized System of Book-Keeping, avoiding the necessity of separate Journal, Day Book and Ledger; combining System, Accuracy and Easy Reference, with a minimum of labor.

Price \$3.50. Send for Sample Sheets.

NEW REMEDY.---Alstonia Constricta. The New Remedy, introduced by Dr. Cathcart, of Australia, and noticed in the HOMŒOPATHIST for October, we can now supply Physicians at 50 cents per ounce. Sample free on receipt of stamp. Address,

GROSS & DELBRIDGE,

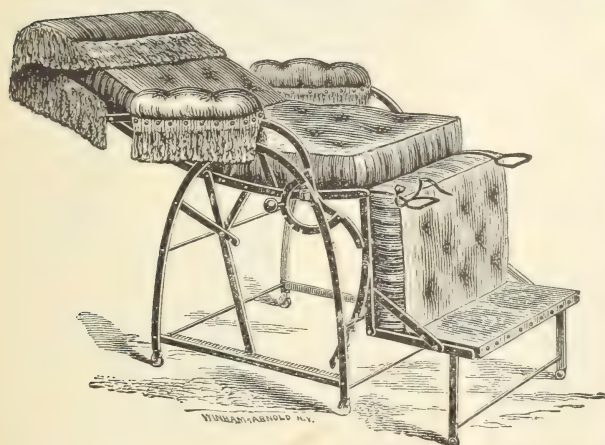
Homœopathic Pharmacy.

No. 48 Madison Street, Chicago.

The Wilson Patent Adjustable Iron Operating Chair

FOR PHYSICIANS.

NO OFFICE COMPLETE WITHOUT IT.



It can be tilted clear back level, and the foot elevated, thus making it most convenient for

Surgical Operations,

ALSO,

Invalids' Reclining and Self-Propelling

WHEEL CHAIRS,

The Best in the Country, with Thirty changes of Position.

IRON BEDSTEADS,

FOR

Hospitals, Asylums, and Private Families.

Send for Circular to the manufacturers.

MATHIAS KLEIN,

235, 237 & 239 South Dearborn Street, Chicago, Ill.

ENGRAVINGS
OF
COLLEGES
AND
BUILDINGS
MADE FROM
PHOTOGRAPHS
AND
SKETCHES.



MEDICAL
ENGRAVINGS
MADE FROM
DRAWINGS.
—
SEND STAMP
FOR
SPECIMEN
SHEET
OF
WORK.

Vandercook & Co., Engravers, State and Madison Sts., Chicago.

GOLD. Great chance to make money. If you can't get gold you can get greenbacks. We need a person in every town to take subscriptions for the largest, cheapest, and best Illustrated family publication in the world. Any one can become a successful agent. The most elegant works of art given free to subscribers. The price is so low that almost everybody subscribes. One agent reports making over \$150 in a week. A lady agent reports taking over 400 subscribers in ten days. All who engage make money fast. You can devote all your time to the business, or only your spare time. You need not be away from home over night. You can do it as well as others. Full particulars, directions and terms free. Elegant and expensive Outfit free. If you want profitable work send us your address at once. It costs nothing to try the business. No one who engages fails to make great pay. Address "The People's Journal," Portland, Maine.



The best kind of work at reasonable rates. Cuts for Druggists' Labels, Surgical Apparatus, etc. a specialty.

\$3.00.

The Homœopathic World, London, Eng., (monthly, \$2) and the American Homœopathist, Chicago, (monthly, \$2) to any address, one year, post-paid, for \$3.00. Address

W. A. CHATTERTON,
145 LaSalle Street, Chicago.

\$3.50.

The Cincinnati Medical Advance (monthly, \$2.50) and the American Homœopathist, Chicago, (monthly, \$2) to any address, one year, post-paid, for \$3.50.

W. A. CHATTERTON,
145 LaSalle Street, Chicago.

New Book. A SYSTEM OF OBSTETRICS ON HOMŒOPATHIC PRINCIPLES. Price \$5. Send your orders to W. A. CHATTERTON, 145 LaSalle St., Chicago.

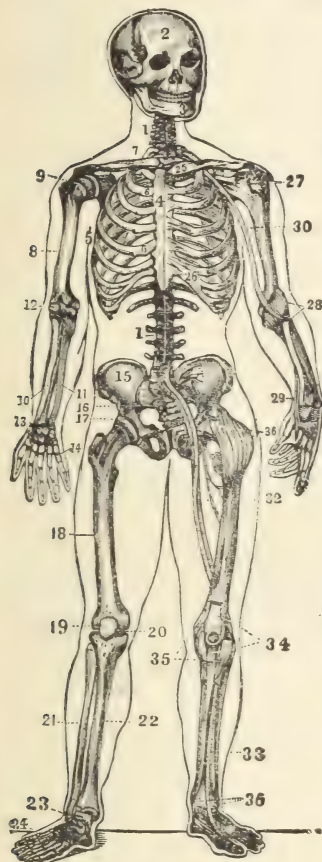
Andrews' Anatomical Charts,

WITH EXPLANATORY HAND BOOK.

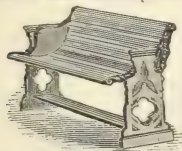
A. H. ANDREWS & CO.,

211 & 213 Wabash Avenue, Chicago.

Manufacturers of Church, Office, and School Furniture, Sunday-School Seats, Etc.,
Also, Kindergarten Material.



Church and Sunday-School



Pews, Settees, and Chairs.

"Not only unsurpassed but unequaled by anything of the kind which we have seen.—*Wisconsin Journal of Education*, edited by the Hon. E. Searing, State Superintendent Public Instruction.

Prepared under the direction of DR. WM. TURNER, Professor of Anatomy in the University of Edinburgh.

These Charts are issued in the best style of the Messrs. W. & A. K. Johnson, of Edinburgh, and are entirely new, and superior in plan and execution to anything of the kind offered in this country.

The Hand Books which accompany these Charts are models of concise explanation, and, with the Charts themselves and a good dictionary, will afford any intelligent student a good knowledge of the construction of the human body, and the use of its various parts.

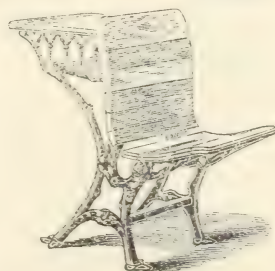
All the Charts are beautifully colored, varnished and mounted on rollers.

The Anatomical Charts Consist of

Sheet I.	The Skeleton.....	\$2 00
Sheet II.	The Ligaments.....	2 00
Sheet III.	The Muscles.....	2 00
Sheet IV.	The Heart and Arteries.....	2 00
Sheet V.	The Veins and Lungs.....	2 00
Sheet VI.	The Organs of Digestion.....	2 00
Sheet VII.	The Nervous System.....	2 00
Sheet VIII.	The Organs of Sense and Voice.....	2 00

Send for full illustrated catalogue of Maps, Globes, and School Apparatus.

Andrews' "Triumph" School Desk.



THE BEST IN THE WORLD !

Because Dove-tailed Together.

Send for Catalogue of Library, Church, Hall, and Lodge Furniture.

Foundlings' Home Homœopathic Pharmacy,

72 South Wood Street, Chicago.

The undersigned desires to call attention to Physicians and Families to the Pharmacy opened at the Foundlings' Home, No. 72 South Wood Street, Chicago. He is prepared to supply any Homœopathic Medicine, in any form, of the best quality, and at the lowest rates, as well as

Pellets, Sugar of Milk, Alcohol, Distilled Water, Cases, Corks, Vials,
and everything needed by the practitioner.

BOOKS, APPARATUS AND INSTRUMENTS

of any and every description will be furnished at the lowest rates. The undersigned gives his personal supervision to the preparation of the medicines sent out from this Pharmacy, and warrants all medicines as the best, of which a Homœopathic practice of thirty-five years in the State of Illinois justifies him to judge.

TERMS CASH.

GEO. E. SHIPMAN, M.D.

C. B. SHOURDS & CO.

Jewelers,

**66 State St., near Randolph,
CHICAGO, ILL.**

DEALERS IN

**Diamonds, Watches and Jewelry
AT POPULAR PRICES.**

Fine Cameo Setts a Specialty.

**Fine and Complicated Watches Repaired
and Satisfaction Guaranteed.**

The Finest line of

HOLIDAY GOODS

On Sale in the City.

New England Medical Gazette,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MEDICINE, SURGERY

And the Collateral Sciences.

Terms, \$3. per annum in advance.

OTIS CLAPP & SON,

PUBLISHERS.

New England Homœopathic Pharmacy

Importers, Manufacturers and Dealers in

HOMŒOPATHIC DRUGS, ETC.,

3 Beacon Street, Boston.

Homœopathic Medical College of Missouri ST. LOUIS.

The 19th Annual Session will commence Oct. 9, 1877, and continue to March 1, 1878.

FEES—For course, \$50; Matriculation, \$5; Dissection, \$10; Hospital (including Hospital Diploma), \$5; Graded course (3 years), \$100 *in advance*. No *Graduation Fee*. Candidates passing the "Final Examination" receive their diploma *without extra fee*.

Hospital advantages unsurpassed. Clinical teaching, surgical cases, and bedside practice abundant. Practical Midwifery for Second Course students. Send for Announcement.

E. C. FRANKLIN, M.D., Dean,
1400 Olive Street, St. Louis, Mo.

HOMŒOPATHY THE SCIENCE OF THERAPEUTICS

A collection of Papers elucidating and illustrating the Principles of Homœopathy.

BY CARROLL DUNHAM, M.D.,

Price, \$4. Svo. Cloth.

Will be sent, post paid, on receipt of price.

Address,

CARROLL DUNHAM, Jr.
IRVINGTON-ON-HUDSON, N. Y.

NOTICE TO PHYSICIANS.

A recent graduate (age thirty-seven), from Dartmouth Medical School, (Allopathic), desires to associate himself with an established Homœopath, as assistant. Not afraid of work and can furnish best of reference. Address, PHYSICIAN, box 1475, Providence, R. I.

\$777

is not easily earned in these times, but it can be made in three months by any one of either sex, in any part of the country who is willing to work steadily at the employment that we furnish. \$66 per week in your own town. You need not be away from home over night. You can give your whole time to the work, or only your spare moments. We have agents who are making over \$20 per day. All who engage at once can make money fast. At the present time money cannot be made so easily and rapidly at any other business. It costs nothing to try the business. Terms and \$5 outfit free. Address at once, H. HALLETT & Co., Portland, Maine.

Pulte Medical College, CINCINNATI, OHIO.

The Leading Clinical School.

Two Complete Graduating Terms.

First Term begins October 3d, 1877.

Second Term begins February 8th, 1878.

FEES, \$50.

Send for the Annual Announcement.

J. D. BUCK, M.D., Registrar,
305 Race St., Cincinnati, Ohio.

New York Homœopathic Medical College.

Sessions commence first Tuesday in October, and close about the 1st of March.

Clinical and hospital advantages unsurpassed by any medical college in the country.

Graded or Perpetual Ticket, - - - - \$160
Single course, - - - - - 100
Graduation fee, - - - - - 30

For further information and announcements address

J. W. DOWLING, M.D., Dean,
568 Fifth Avenue, New York.

J. J. GEIGER, BOOKBINDER,

And Manufacturer of

Medicine and Instrument Cases,
440 North Wells St.,

DIPLOMAS CAREFULLY FRAMED

References:—Halsey Bros.; Prof. T. S. Hoynes; Prof. E. M. Hale.

TO PHYSICIANS.

The elegant BATHS, (Palmer House), do not in any way interfere with the profession of medicine.

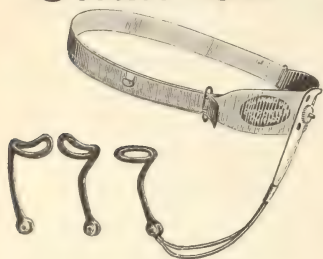
Turkish, Russian, Medicated Vapor, Electro-Thermal, and Swimming Baths, given in the best way, open the Pores, regulate the Secretions, cure Eruptions, Malarious troubles, and tone up the nerves and muscles generally.

They do not reduce, as many suppose, and the most delicate invalid will always feel stronger after a Turkish or Electric Bath, when properly given.

Entrance 36 Monroe St.

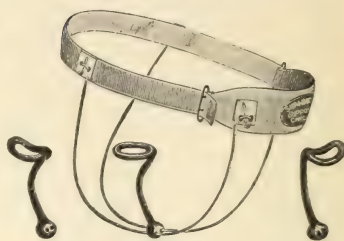
A. B. McCHESNEY, M.D.,
Proprietor.

Shannon Uterine Supporters.



SELF-ADJUSTING SUPPORTER.

For the Successful
Treatment
of all
Displacements
of the
WOMB.



ELASTIC SUPPORTER.

Endorsed and recommended and used by many of the Most Eminent Physicians in the country. Twenty sold and used to one of any other make. I guarantee them to be the best since the improvements have been made. Send for my 32-page pamphlet, "The Displacements of the Uterus; Their Causes, Nature, and an Account of a New Principle of Treatment," free, also, prices to physicians who use many.

KNOXVILLE, Tenn., Oct. 21, 1876.

J. C. CALDWELL, Esq.,

Dear Sir: In reply to your inquiry, I am free to say that Shannon's instrument is better adapted, when properly selected and applied, to the purposes for which it is designed, than any one of the many hundred Pessaries that I have had occasion to examine and use.

Respectfully,

FRANK A. RAMSEY, M.D.

CHICAGO, July 2, 1875.

This is to certify, that I have made frequent use of the Pessary known as Shannon's Supporter, both in hospital and private practice, and I feel free to say that I regard it as the *very best stem Pessary* in use. By means of its perfect adaptation to the different forms of uterine displacements, and the non-interference with the natural mobility of the organ, secured by the reversible joint of the stem with the spring, it has the *widest possible range of utility*.

A. REEVES JACKSON,
Lecturer on Diseases of Women and Children,
Rush Medical College, Chicago.

I fully concur with the above. A. E. SMALL,
President and Emeritus Professor of Theory and Practice
of Medicine, Hahnemann Medical College, Chicago.

J. S. SHANNON, 27 Washington St., Chicago.

PHYSICIANS' STATIONERY.

We have executed a splendid STEEL ENGRAVING of Hahnemann, and are prepared to furnish Homœopathic physicians, Note or Letter Heads, with this appropriate vignette imprinted in the upper left hand margin, at prices to suit all. Send two three-cent stamps for specimens.

MEEKER & CO.,

154 Madison Street, - Chicago, Ill.



The American Homœopathist and the Homœopathic Times, one year, post paid, to any address, for \$4.

The American Homœopathist and the New England Medical Gazette, one year, post paid, to any address, for \$4.

Address, **W. A. CHATTERTON, 145 LaSalle St., Chicago.**



The attention of the medical profession is invited to this instrument as the most perfect ever invented for treating Prolapsus Uteri, or Falling of the Womb. It is an Abdominal and Uterine Supporter combined.

The Abdominal Support is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

The Uterine Support is a cup and stem made of very highly polished hard rubber, very light and durable, shaped to fit the mouth of the womb, with openings for the secretions to pass out, and which can be bent to any curve desired, by heating in very hot water.

The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic adapt themselves to all the varying positions of the body and perform the service of the ligaments of the womb.

The Instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer in all cases of Anteversion, Retroversion, or any flexion of the Womb, and is used by the leading Physicians with never failing success even in the most difficult cases. **Price—To Physicians, \$8.00; to Patients, \$12.00.**

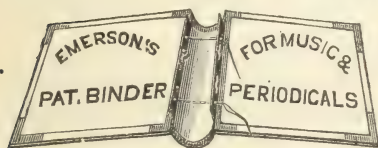
Instruments sent by mail, at our risk, on receipt of price, with 16 cts. added for postage; or by Express C.O.D.

Dr. McINTOSH'S NATURAL UTERINE SUPPORTER COMPANY,

296 West Lake Street, Chicago, Ill.

Our valuable Pamphlet, "Some Practical Facts about Displacements of the Womb," will be sent you free on application.

BINDERS



Is the neatest and cheapest. Can be very easily used. Directions in every Binder. Size H. is adapted for the AMERICAN HOMŒOPATHIST. Price, post paid 50 cents. Also, Binders of all sizes can be obtained by remitting, with order, to

A. L. Chatterton & Co., 121 Dearborn St., Chicago.

ESTIMATES FURNISHED FOR CUTS OF

H. W. ANDERSON & CO
ENGRAVERS ON WOOD
N.E. COR. CLARK & MADISON.
CHICAGO.

Buildings,
 Landscapes,
 Interior Views,
 Portraits,
 Labels, Plain and Colored
 Agricultural
 Implements,
 Machinery,
 Catalogues of all kinds.

No charges made for Drawings if work is accepted. Having facilities for doing work in first-class style, we guarantee satisfaction in all cases. Respectfully, H. W. ANDERSON & CO.

Office and Mills,
PALMER, MASS., and LONDON, ENGLAND.



TO THE HOMŒOPATHIC MEDICAL PROFESSION.

SIR: We invite your attention to Ridge's Food as an article of diet for Infants, Growing Children, and Invalids, which is supported by the flattering testimony below. Hoping the same will meet with your approval and kind recommendation, we beg to remain,

Respectfully,
WOOLRICH & CO.

From the United States Medical Investigator.

We have often had occasion to refer to the merits of Ridge's Food. Its place is with the thin, scrawny, vomiting, diarrhetic children, particularly. It will agree better than any other farinaceous food we know of. We should not like to be without it. For the invalid it stands without a rival, as far as we know. It is endorsed by some of the most eminent medical men and should be well known to all of our readers.

DUBUQUE, Iowa, Dec. 9, 1875.

Messrs. WOOLRICH & Co., Palmer, Mass.

Gentlemen: Referring to yours of the 6th, I have great pleasure in saying that I have handled Ridge's Food in my pharmacy and practice, having prescribed it as an article of diet for several years; this experience has enabled me to arrive at certain conclusions with regard to the article which are very complimentary to it. *It is an admirable preparation, and is in every respect worthy the large sale it is having; its promise and fulfilment go hand in hand.*

Yours very truly,

EDWARD A. GUILBERT.

CHICAGO HOMŒOPATHIC PHARMACY, 77 State st.

OFFICE OF HALSEY BROS., Chicago, Jan. 29, 1874.
Messrs. WOOLRICH & Co.,

Gentlemen: Replying to your enquiry as to what our experience has been in selling DR. RIDGE'S PREPARED FOOD for Infants and Invalids we do not hesitate to say that we regard it very highly and believe it to be as satisfactory in its use as any food made. IN FACT, HAVE NEVER HEARD EITHER PHYSICIAN OR CUSTOMERS SPEAK OF IT BUT IN THE HIGHEST TERMS. Our sales are large and increasing.

Respectfully yours, HALSEY BROS.

MINNEAPOLIS, MINN., Feb. 19, 1876.

Messrs. WOOLRICH & Co., Palmer, Mass.

Gentlemen: Allow me to bear testimony to the almost universal satisfaction "RIDGE'S FOOD" has given my patrons. There has been no one article of food I keep in stock that has met the wants of Infants and Invalids and been received with so much favor as the one you make. Respectfully,

THOS. GARDINER,
Homœopathic Pharmacist.

ST. LOUIS, Mo., Jan. 26, 1876.

HOMŒOPATHIC PHARMACY, 306 North Fifth St
Messrs. WOOLRICH & Co., Palmer, Mass.

Gents: I need more of RIDGE'S FOOD for infants, etc., and wish to state at the same time that in the four years I have been dealing in this SUPERIOR ARTICLE OF DIET, I have not found any better adapted to the wants of children and invalids. I have had other foods before, and had a great deal of trouble with them; in some cases they did well, in the majority they did not, and people got dissatisfied. Since I had RIDGE'S FOOD, THERE HAS NOT BEEN A SINGLE COMPLAINT, and Physicians and families are supplying themselves with it regularly; our sales are steadily increasing. Very truly yours,

H. C. G. LUYTIES.

I consider RIDGE'S INFANTS' FOOD a most excellent preparation, and well adapted to fulfill the purposes for which it is designed.

R. WALTER HEURTLEY, M.D.

81 S. Roby Street, Chicago.

FOUNDLINGS' HOME, Chicago.

RIDGE'S PATENT FOOD has been used extensively at the Foundlings' Home in this city under my charge, and has been found far superior to any other artificial food which we have tried.

GEO. E. SHIPMAN.

CINCINNATI, Feb. 16, 1876.

Messrs. SMITH & PARKS: You ask me what I think of RIDGE'S FOOD for Infants and Invalids. I answer, after observing its effect for about two years, I GIVE IT MY UNQUALIFIED APPROBATION.

M. H. SLOSSON, M.D.

Messrs. WOOLRICH & Co.

It is with great pleasure that I recommend DR. RIDGE'S PATENT FOOD for Infants, having used it with unequalled success. It creates a healthy action of the stomach and bowels and is unsurpassed as a nourishment.

Very respectfully yours,

Mrs. J. D. WARD,
186 Ashland Ave., Chicago, Ill.

Circular to Homœopathic Physicians.

It is well known to the Homœopathic profession, that I have made the manufacture of Tinctures a study for several years. The improvements I have introduced into Homœopathic Pharmacy are fast becoming recognized. The most important are the following:

1st. To ascertain, carefully and independently for each substance, what solvent will dissolve the largest portion of its medicinal properties; and to adhere to the use of this solvent, in the preparation of the lower dilutions, as well as in the manufacture of the Tinctures. The rule and custom of pharmacutists has been, to use the same solvent for nearly every substance.

2d. To make the original substance from which the tincture is made, the basis or unit, of attenuation. Thus, in tinctures from fresh plants, the fresh plant is made the starting point and the first dilution is made to represent cubic centimeter for gramme, in ten parts of the liquid, one part of the fresh plant, and is properly marked 1-10. It is the general practice of pharmacutists to make the **TINCTURE** the basis of attenuation without regard to its strength.

3rd. To trust no druggist or root-digger to identify the original substances used in the preparation of tinctures. Being a practical Botanist and Chemist, I am able to avoid errors frequently made by mercantile pharmacutists in confounding different plants or drugs, having the same or similar names.

4th. To indicate plainly on every vial of mother tincture, the solvent and the strength of the solution, giving printed directions for making dilutions which shall correspond in medicinal strength with the triturations of the same number.

5th. To make and keep all tinctures in new, amber-colored vials with glass stoppers. This affords the most thorough protection from the chemical action of light, and avoids the admixture of fragments of cork.

The registered **TINCTURE LABELS** in connection with the patent **GRADUATED VIALS** make the process of preparing dilutions as easy as that of addition.

Samples and price-lists sent free on receipt of ten cents for postage and packing.

LEWIS SHERMAN, A.M., M.D.,
171 Wisconsin St., Milwaukee, Wis.

\$5.00.

The American Homœopathist, Chicago, (monthly, \$2,) the Cincinnati Medical Advance, (monthly, \$2 50,) and the Homœopathic World, London, Eng., (monthly, \$2,) to any address, one year, postpaid, for \$5. Ad. dress

W. A. CHATTERTON,
145 LaSalle Street, Chicago.

C. H. VON TAGEN, M. D.,
SURGEON,

Graduate, 1858.

*GIVES Special Attention to Surgery
in General, including specialties.*

OFFICE AND RESIDENCE,
No. 8 Kentucky Building, Corner Clark and Adams Sts.

OFFICE HOURS.
7 to 11 A. M., 3 to 6 P. M., and after 7 P. M.
Available at all hours of the night.

Worthy and Charitable cases will receive due attention

THE WHEELER & WILSON

Manufacturing Company

MAKE

ROTARY HOOK

SEWING MACHINES

Both with and without a "TAKE-UP."

They are the fastest running, most durable, best made and easiest to operate, far surpassing all others in these Standard requirements.

SEND FOR A CIRCULAR.

AGENCY FOR

Illinois, Indiana, Michigan, Wisconsin, Minnesota, Iowa, Nebraska and Western Territories,

155 STATE STREET,
CHICAGO, ILL.

The Homœopathic Medical College OF PHILADELPHIA.

Now in its Twenty-ninth year; the oldest Homœopathic college in the world; has nearly 1,200 graduates.

This Institution offers unequalled facilities for acquiring a thorough medical education; has a museum of over 5000 specimens; a library of 2000 volumes; gives opportunity for the *practical* study of

Anatomy, Surgery, Obstetrics, and Chemistry; every advanced student furnished with cases of obstetrics. For announcement, address

A. R. THOMAS, M.D., Dean,
1628 Locust St. Philadelphia, Pa.

Missouri School OF MIDWIFERY

Anatomy, Physiology, Midwifery, Diseases of Women and Children taught practically at bedside in Maternity Hospital. The Hospital is open to ladies in confinement, and the medical and surgical treatment of diseases of women and children. **Mrs. S. SCHIERECK,** Resident Midwife. Write for circulars. **Dr. WM. C. RICHARDSON,** President, 3234 North Tenth Street., St. Louis, Mo.

ESTABLISHED 1865.

H. D. Garrison, M.D. H. F. Clark. A. L. Clark, M.D.

GARRISON & CLARK,
MANUFACTURING
CHEMISTS AND DRUGGISTS,

511 STATE STREET.

CHICAGO,

Fluid Extracts;
Solid Extracts,
Tinctures,
Sugar-Coated Pills, &c.

We make a specialty of Physicians' orders, and supply everything in that line at lowest market rates.

Subscription: Two Dollars a Year, Twenty cents a Number.

AMERICAN HOMŒOPATHIST

A MONTHLY JOURNAL OF
MEDICAL, SURGICAL AND SANITARY SCIENCE.

J. P. MILLS, M.D., Editor.

125 Western Avenue, Chicago.

IN EXCHANGE.

Vol. II.

January, 1878.

No. 1.

CONTENTS

CLINICAL CASES FROM PRACTICE. II.		CLINICAL APPLICATION OF CYANURET	
Illustrated. C. H. Vilas	1	OF MERCURY IN DIPHTHERIA. Wm.	
I. Erysipelas of the Globe and Its		H. Burt	22
Appendages.—II. Paralysis and Paresis		EUONYMINE IN ALBUMINURIA.—UNEX-	
of Nerve-Filaments, etc.—III. Paralysis		PECTED CURE BY AGNUS CASTUS.	
of the Third Nerve.		Wm. H. Helms	30
DID IMAGINATION OR FAITH WORK		NO SATISFACTION WHATEVER	32
THE CURE. J. L. Kirtland	15	THE USE OF PESSARIES. Albert G.	
ARSENICUM IN MALARIAL DISEASES.		Bebe	33
Lucius D. Morse	6	THE DOG	37
SYMPTOMS, PATHOLOGY AND TREAT-		ALLOPATHIC SURGERY. Geo. E. Shipman	38
MENT OF DYSENTERY. Clarence M.		THE ABSORPTION PROCESS. L. M. Hale	40
Conant	9	HOMŒOPATHY ILLUSTRATED	43
Aloes, Arsenicum, Baptisia, Canth-		17. Constipation. Bryonia alb.—18.	
aris, Capsicum, Carbo veg., Colchicum,		Lycopodium, Leucorrhœa.	
Colocynthis, Dioscorea, Gummi gutti,		EDITOR'S CABINET	45
Ipecac., Kali bich., Magnesia carb.,		MEDICAL MEMORANDA	45
Mercurius, Mercurius cor., Nux vom.,		Items of Interest.—Personals.	
Rhus tox., Sulphur.		PUBLISHERS' PARAGRAPHS	47
WHEN DOES MORTIFICATION ENSUE? .	21		

A. L. CHATTERTON AND COMPANY,
PUBLISHERS.

23 Park Row, New York.

121 Dearborn St., Chicago.

CHICAGO

Homœopathic College

LEGALLY CHARTERED

BY THE STATE OF ILLINOIS IN JUNE, 1876

WINTER TERM.

The Winter Session of 1877-8 will open on October 3d, and continue twenty-six weeks. This College has a full corps of experienced professors, each of whom devotes special study to the branch he teaches. Particular instruction is given in all practical branches, with abundant illustration from the largest Homœopathic medical, surgical, and obstetrical clinic in the west.

FACULTY AND TRUSTEES.

- GEO. E. SHIPMAN, A.M., M.D., Emeritus Professor of Materia Medica.
H. P. GATCHELL, A.M., M.D., Emeritus Professor of Physiology and Hygiene.
RODNEY WELCH, A.M., M.D., Emeritus Professor of Chemistry and Toxicology.
LEONARD PRATT, M.D., Emeritus Prof. of Special Pathology and Diagnosis.
J. S. MITCHELL, A.M., M.D., Professor of Theory and Practice in Clinical Medicine.
ALBERT G. BEEBE, A.M., M.D., Prof.
CHARLES ADAMS, M.D., Professors of Principles and Practice of Surgery and Clinical Surgery.
WILLIS DANFORTH, M.D., Professor of Gynæcological Surgery.
JOHN W. STREETER, M.D., Professor of Diseases of Women and Children.
R. N. FOSTER, A.M., M.D., Professor of Obstetrics.
W. H. WOODYATT, M.D., Professor of Ophthalmology and Otology.
E. M. HALE, M.D., Professor of Materia Medica and Therapeutics.
A. W. WOODWARD, M.D., Professor of Analytical and Comparative Materia Medica.
E. H. PRATT, A.M., M.D., Professor of Anatomy.
J. R. KIPPAX, LL.B., M.D., Professor of Dermatology and Medical Jurisprudence.
R. N. TOOKER, M.D., Professor of Physiology.
N. B. DELAMATER, M.D., Lecturer on Electro-Therapeutics and Special Nervous Diseases.
L. C. GROSVENOR, M.D., Adj't Professor of Theory and Practice.
A. L. MARCY, M.D., Lecturer on Chemistry and Toxicology.

Persons desirous of obtaining further information respecting this course are requested to communicate with

CHARLES ADAMS, Secy., 1143 Wabash Ave.

THE
American Homœopathist.

A MONTHLY JOURNAL OF MEDICAL, SURGICAL,
AND SANITARY SCIENCE.

Vol. II.—JANUARY, 1878.—No. 1.

CLINICAL CASES FROM PRACTICE.

C. H. VILAS, M.A., M.D.

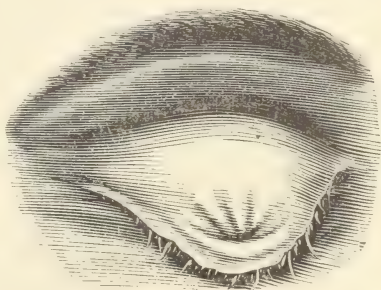
[Professor of Ophthalmology and Otology in the Hahnemann Medical College and Hospital of Chicago.]

I. ERYSIPELAS OF THE GLOBE AND
ITS APPENDAGES.

Mrs. E., a stout German woman, from Illinois, was referred to me for treatment, July 12, 1877. She gave as a history that, eleven weeks before, she was attacked with erysipelas, which, after running an aggravated course, terminated in six weeks, leaving her in her present condition. On examination the left eye was found to be perfectly sound and vision $\frac{20}{20}$, but the right globe and appendages presents the following condition:

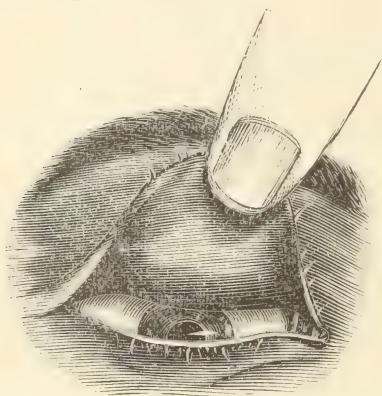
The upper lid is enormously enlarged, hanging well down over the lower, and resting on the cheek. It is very thick, feeling somewhat solid to

the touch, and dark red. A cicatrix holds the skin and subjacent tissue



firmly bound down; the cilia are stunted and coming out badly. A constant discharge trickles down from the eye, excoriating all with which it comes in contact. The annexed cut, from a sketch taken at the time, in a

measure illustrates the appearance. On everting and raising the lid, a proceeding of some difficulty owing to its thickened and slippery condition, no part of the globe could be seen. A thick, rank growth of proud-flesh concealed all behind it. This was removed with the scalpel and scissors. Cleansing the eye, it was found that the under lid was firmly attached to the globe in the position shown in the following cut.



The adhesions were complete and nearly entire, and a considerable portion of the under lid and tissue was gone, creating a moderate degree of entropium. The globe was firmly locked, no action of the muscles being able to move it.

No vision was present in the eye, and a careful peeking in with the ophthalmoscope showed atrophy of the optic nerve and retina. It was evident then that the eye must be studied simply with a view to its cosmetic improvement. Indeed the patient declared she knew the sight was gone, and would be entirely satisfied

if the eye could only be made presentable, so that it could be looked at without disgust, and she could lay aside the bandage with which she was constantly obliged to keep it covered.

Pursuing the examination still farther, it was found that the lids were fastened together at the outer canthus, the caruncle was enlarged, the semi-lunar fold much enlarged and displaced, the lower punctum obliterated and the canaliculus closed, and a marked hyperæmic state of the whole ocular conjunctiva present.

The ptosis and ectropium of the upper lid seemed to require attention first. Accordingly the lid was everted and painted with a solution of Silver nitrate, five grains to the ounce of distilled water. This was not neutralized but allowed to expend its full force. After about ten days treatment in this way, the lid was materially reduced in size, elevated some and was assuming its natural position. The patient was now obliged to return home, where she remained about two weeks.

Again returning, the symblepharon received attention. The whole attachment was dissected off, so that the globe moved freely in every direction. But now the lower lid dropped down considerably, causing an increase of the entropium, which marred the beauty of the result. To remedy this a piece of the detached conjunctiva was trimmed into the shape of a narrow band and attached to the globe in such a way as to hold the lower lid nearly up to its position,

in the endeavor to have the globe hold up the lower lid. This was regarded as an extremely uncertain procedure, but worth attempting, as an operation for entropium where there was so much loss of tissue, would at the best allow the lid to fall down some, and might seriously interfere with its motion. Much trouble was anticipated in keeping the detached conjunctiva from again adhering to the raw surfaces, as too frequently happens, and several expedients prepared to obviate it. Happily there was not the slightest trouble. The undesired adhesions were broken up daily with a probe dipped in sweet oil, and all progressed without accident.

At the same time the anchyloblepharon received attention. The lids were separated, but the conjunctiva was not fastened to the wound; all did well. The obliterated punctum was now opened, the canaliculus found, probed, the nasal duct found permeable, and the natural channel of the tears re-established through the lower canaliculus. The upper lid still stood out so far as to prevent the flow through the upper channel, but the canaliculus was open and ready for use.

The trichiasis and madarosis now demanded attention. The distorted cilia were epilated and the rest excised in the expectation that when the ectropium of the upper lid incident to the increased thickness, and the entropium of the lower lid owing to the loss of substance, were fully corrected, as each promised to be, the

lashes would take a natural course, and in so far as a restored condition of the parts would allow, return as well. A further application of the Silver nitrate was made to the upper lid, Cantharis 3x, eight No. 30 pellets four times a day ordered, and the patient directed to return in three weeks. She did not however, a longer interval elapsing.

On returning it was evident that all so far was a success. The discharge had all ceased, and with the exception of a slight drooping of the upper lid, all was natural about the eye. On everting the upper lid a slight marginal redness and thickness was present, but obviously becoming less very rapidly. This drooping was evidently caused by the cicatrix before mentioned, and it had been my intention to perform an operation for its relief, to which Dr. S. B. Parsons, of St. Louis, has called our attention, he being the originator, viz., to dissect up the skin by a hypodermic incision and release the cicatrix, and then fill in with cat-gut to prevent adhesion. The parts will heal while the gut is being absorbed, and in its absorption the parts return to their contiguity of position and no adhesion remains. This operation must prove of great value, and when successful leave nothing to be desired. But the lid raised so well, that the patient regarded the slight blemish as immaterial, and she was dismissed with an eye about which nothing unnatural would be observed.

A call from her physician since

had, brought out many points of the dangerous character of the attack, with an assurance that the result was far better than the patient or physician dared expect, and entirely satisfactory to both.

II. PARALYSIS AND PARESIS OF NERVE-FILAMENTS, ETC.

Miss R., of Illinois, aged about sixteen years, noticed suddenly four days ago, that she could not close her left eye. It remained open when asleep as well as when awake—a practical solution of a disputed physiological question. So far as she knew the attack was instantaneous. She was of delicate frame, but had never been sick in any way previously, and was entirely destitute of any symptoms of disease whatever, so far as she knew, excepting such as have been given. Careful examination revealed no objective symptoms of disease anywhere, and the only subjective one was a slight tenderness to the touch in the lumbar region.

It was evident, however, that there was paresis of a portion of the facial nerve, paralyzing the corrugator supercilii, tensor tarsi, and orbicularis palpebrarum muscles. The facial muscles of the left side also were slightly affected, as was evident on her attempting to smile. There was no affection of the third nerve, the movements of the globe and pupil being unrestrained. On thrusting the finger suddenly toward the eyes, the sound one would instinctively close, and although the unfortunate one would

move about, there was complete inability to close it.

There can be no affection of the eye more dangerous than this seemingly ridiculous one. Deprived of constant and insensible cleansing, the cornea will soon become hazy and eventually destroyed for visual purposes.

She was directed to move the upper lid up and down over the cornea, with her finger, every quarter of an hour or so, imitating as closely as possible the motion of the lid, to prevent injury while the nerve was being treated. Electricity from a constant battery was applied, and she was given Gelsemium 3x, internally.

Result.—In two weeks she was entirely well, and has remained so to this date, now over a year.

III. PARALYSIS OF THE THIRD NERVE.

Master B., aged nine years, a stout, healthy boy, was suddenly struck on the right side of his head, a little to the rear of the temporal region. The blow was severe and entirely unexpected, felling the little patient to the ground.

Blood was freely extravasated into the right orbit, and the globe bulged out "about half an inch." The lids were completely closed, and no attempt at examination was made. Arnica lotion was applied and kept on for about ten days.

Such was the statement made on my receipt of the case about two weeks after the injury, when he was brought "because he could not open his eye."

On examination the following definite lesions were evident: Complete paralysis of the third nerve, as evidenced by the falling of the upper lid, (the eye being completely closed); mydriasis of the pupil; paralysis of all recti muscles except the external, the globe swinging out, and there being no power to turn the same in, up or down. The globe also remained somewhat prominent, due to the relaxed condition of the muscles which retain it in its proper position.

Owing to his residing without the city, and for this reason being unable to apply electricity as undoubtedly I should have done, I was able to try internal remedies alone, a proceeding doubtless which I should not have felt warranted in attempting otherwise.

The result was most satisfactory.

Under no other remedy than Gelsemium 3x, all symptoms disappeared in less than two months, save a slight drooping of the upper lid which finally disappeared under the remedy. The cure was gradual and could almost be seen to advance. Stopping the remedy caused the improvement to cease; on its resumption the case again favorably progressed.

It may not be amiss to here again call attention to this remedy in affections of the nerves of the eye. It has been found of the greatest value in such cases at the Hahnemann Hospital eye clinic, as well as in private practice, and conditions ameliorated or cured which responded to no other remedy, and the electrical battery has ceased to be the constant *vade mecum* in this class of troubles.

DID IMAGINATION OR FAITH WORK THE CURE?

J. L. KELLOGG, M.D., CHICAGO.

I was called to visit a patient, and while there was informed that the mocking bird in the cage above us had lost its voice three months previous to this time. It could not so much as "peep." I directed them to open its beak and placed upon its

tongue five pellets of Phosphorus of the 200th attenuation.

On a subsequent visit, I found Jack tuning his pipe joyfully, and was informed that he uttered *feeble* twitters within a few *hours* after the administration of the remedy.

He pressed his face against the pane;
(It was the Christmas eve),

A moisture gathered in his nose—
He wiped it on his sleeve.

ARSENICUM IN MALARIAL DISEASES.

LUCIUS D. MORSE, M.D., MEMPHIS, TENN.

[A Paper Presented to the Homœopathic Medical Society of Tennessee.]

For the so-called "dumb chills," of malarial climates, Arsenic is a foremost remedy. In the outstart of acute attacks of intermittent fevers, where the paroxysms are distinctly divided into stages, I have found it of little utility, but as an intercurrent remedy, in the treatment of relapsing cases, I have found it to act admirably. It also deserves attention as a prophylactic of diseases arising from malarial poisoning.

Now, gentlemen, let us enter a little into detail regarding these brief statements.

The condition which gives rise to the so-called "dumb chills," is that of malarial cachexia, more or less profound. There is deficiency of animal heat, impaired nutrition, nervous depression, and, as might be expected, poverty of the blood. The whole machinery of life moves sluggishly and with apparent reluctance. This is the condition in which radical changes may take place in important organs, laying the foundation for future years of ill-health, and sometimes breaking down the constitution completely. The malarial cachexia does not generally manifest itself until after repeated acute attacks, but may supervene where Quinine and Mercury, whisky, etc., are taken largely as prophylactics. Many of you gentle-

men are familiar with the picture presented by this chronic malarial poisoning. The thin habit of body, often to extreme emaciation, or, the bloated, flabby exterior; the pale, earthy complexion; the wearied, languid expression; the feeble walk, the apathy—once observed will not readily be forgotten.

In the treatment of this condition, Arsenic is worthy of careful attention. If the patient complains of almost constant coldness, desire to hover over the fire, though the outside temperature to those in health be not unpleasant; if when a feeling of warmth is obtained, a cold perspiration breaks out, and the patient is chilled by the least movement, Arsenic is emphatically the remedy.

My range of attenuation in these cases is from the 3x to the 6x trituration; the dose, a grain or a grain and a half, three or four times a day.

There is another class of cases where the marked anæmia, the atonic diarrhœa and abdominal symptoms generally call loudly for iron, but even here Arsenic, as an intercurrent remedy, is able to accomplish much good.

Cases of general anasarca, from derangement of the portal circulation, are sometimes met with in malarial regions, the result of malarial cachexia. The skin is usually a dull yellow or

mahogany color, the lower extremities sometimes very oedematous, the face puffed and swollen. Do not make the mistake of giving Arsenic in the outstart of treatment for such a condition, as is sometimes done. It will do little or no good and precious time will be lost. After a course of Aloes, Mercurius, Digitalis, Iron, China, or whatever other remedy is adapted to the changed condition of the stomach, liver, spleen, or kidneys, it will be frequently found that Arsenic comes in splendidly at the close, when the tone of the system has been in a measure restored. But above all insist upon a change of climate in such troubles. Get your patient out of the dominions of king malaria into the pure atmosphere of the mountains, or the tonic breezes of the seashore.

Acute malarial attacks of whatever character, in my experience, seldom call for Arsenic in the outstart. I have repeatedly experimented with this drug where the symptoms seemed to point to it, but have invariably found that I must have recourse to some of the active febrifuges to break up the paroxysms. Time having been secured, and the patient fortified against an immediate return of the attack, Arsenic will frequently complete the cure and restore the sufferer to robust health. If I may be excused the use of the term, it is a splendid "tonic" in these cases. Very often have I conquered a vigorous, intermittent attack with Quinia, China, Eucalyptus, Nux vom., or Ipecac., and then clinched the cure with a course of Arsenic.

Do not accuse me hastily of routine treatment, but get out your often-neglected *materia medicas* and see what a majestic field of symptoms is covered by this mighty remedy—wonderful in its power for good and for ill; often abused, often neglected and abandoned. Gentlemen, in my practice in the Mississippi valley, I have found no remedy, month in and month out, more frequently called for, and certainly none has served me better. Remember that it is one of the few drugs capable of producing conditions simulating those brought about by malarial poisoning—especially true paroxysms of chill and fever, with marked regularity in periodicity.

I have hinted at Arsenic as a prophylactic of malarial attacks. Such attacks are never made in force without due warning, there is always a skirmish line in advance of the main charge. Dropping the figure I will say that the prodromes of intermittent fever frequently point directly to the remedy under discussion. There is heart-burn and indigestion of the Arsenic type. There is the persistent sensation of coldness, the desire to be near the fire, the shuddery-feeling upon exposure to the air, the sudden flushes, the thirst, and the often ravenous appetite. When such a condition arises give the hundredth or the thousandth part of a grain of Arsenic three or four times a day for three or four days, and see the magical result. Not every threatened attack shall be averted by Arsenic, because the arsenical symptoms will be absent, and in their place will be found those

of Nux vom., Ipecac., Mercury, China, Quinia, Zinc, etc.

If the practitioner will observe carefully, he will learn the constitutional peculiarities of his habitual patients and find that malaria affects them at different times much the same. For instance, the premonitory symptoms heralding an attack of chills and fever will be very much alike in the same individual at different times. Some will be oppressed with nausea, some will have dreadful headache, some will have persistent constipation or diarrhœa, some will complain of constant chilliness, some will have ravenous appetite, others distaste for food, and so on through a long list of prominent malarial symptoms.

Let me hint to you the propriety of learning these "key-note" symptoms of malaria in your different patients, and then, when occasion requires, supplying them with the prophylactic indicated. Frequently patrons of mine have been protected through seasons of terrible malarial fevers, by minute doses of Arsenic, Bryonia, Ipecac., Nux vom., Quinia, China, etc., taken once or twice a day. Prophylactic medicine is a field of investigation too often neglected by physicians. We are apt to forget the old maxim that "an ounce of prevention is worth a pound of cure."

There is a malarial neuralgia of provoking type which I have frequently relieved with Arsenic. It attacks, in preference, thin, ill-nourished subjects, who complain that they cannot get warm. The pains are burn-

ing and tearing, worse at night and during rest, better from hot applications. In these complaints I have found the 3d and 6th potencies most effective—a dose every two or three hours.

Diarrhœas resulting from malarial poisoning are peculiarly within the provinces of Arsenic and China. I have cured some apparently desperate cases by alternating these remedies in the third potency, a dose every three hours, or by administering the China-Arsenic alone. A knowledge of the therapeutic value of these remedies, in such cases, I owe to my distinguished colleague, Dr. Allen, of Memphis. The evacuations are nearly always thin, watery, undigested, offensive, dark-brown or light-brown as to color. Sometimes there is a meal-like sediment, which reminds one of Podophyllin, and I have been misled into giving this remedy on several occasions. It never did any good.

For the last five years I have made my own Arsenical preparations, and have followed faithfully Hahnemann's injunction to "triturate a good while." The labor so expended has been well repaid.

I might lengthen out this paper by culling from the recorded experience of others, but you, gentlemen, have access to these sources of information, and my purpose is fully accomplished now that I have given you, briefly, a sketch of the uses this splendid remedy has served in my own practice.

SYMPTOMS, PATHOLOGY, AND TREATMENT OF
DYSENTERY.

CLARENCE M. CONANT, M.D., MIDDLETOWN, N. Y.

SYMPTOMS.

Dysentery is, to most practitioners, even in this climate, a very troublesome autumnal complaint. And although our sporadic cases are usually less severe than those of epidemics, yet any case of true "bloody flux" must receive our careful attention. In tropical climates it is regarded as one of the most fatal diseases with which the faculty are called to contend. That it results from a specific poison, is generally conceded, and that this toxicum is akin to malaria, is very commonly believed. It spares no age or sex, and like true cholera, is highly contagious and easily propagated by emanations and the slightest contact with the evacuations. The ætiology and history of dysentery offer a wide field of observation, but our paper must confine us to the study of its signs, effects, and treatment.

In almost every case of dysentery the first symptom which attracts the patient's attention is the diarrhœa, which usually, but not always, exists some days prior to the establishment of the intestinal inflammation. Coincident with the inflammatory invasion of the mucous membrane of the colon, we shall observe (in most cases) liquid, fecal, or jelly-like stools, with clots of slime, soon spotted or streaked with

blood. As the stool becomes more frequent, the fecal matter decreases rapidly, until the evacuations are slimy, opaque, dirty-white or reddish-gray scrapings, in thin, bloody water. The blood in the stool may merely tinge it, or be in clots, spots, or streaks; or the evacuation may consist of pure blood. Rarely, sloughs or casts of mucous membrane will be noticed. Later in the disease, should the intestinal ulcers become ichorous and eat deep into the walls of the gut, the discharge will become chocolate-brown, pappy, and of horrible, cadaverous, *dead*, odor. When fecal matter reappears, it is a favorable sign, and even though somewhat slimy stools should again supervene, usually the force of the disease is broken and convalescence is at hand. The odor of these stools is at first fecal, later of the prominent feature, like blood, and finally cadaverous; but it is not infrequently that the stool will be odorless.

Existing with these characteristic objective signs will be found equally pointed subjective symptoms, called, technically, "tormina" and "tenesmus." By tormina, we understand those severe, colicky, cutting, shooting, drawing, griping pains in the abdomen, which precede and accom-

pany the evacuations, ceasing (in most cases) soon after; but only to be renewed and followed by an after stool. By tenesmus we understand, that tormenting and harrassing sensation, of more in the rectum to be evacuated, which accompanies and follows the stool, and which sometimes gives rise to fainting and convulsions, and very frequently to prolapsus of anus and rectum. The sudden cessation of this tormina and tenesmus, in a severe and far advanced case, is a most significant sign that the colon is paralyzed and death will soon take place. As a rule the stools and this tormina and tenesmus are worse at night and in the early morning. The dysenteric pain begins in the colon a little after the inflammation arises, but soon (as does also the inflammatory process,) concentrates mostly about the rectum; and is followed by a sensation of heat arising from the rectum and spreading over the whole abdomen.

Dysentery, being a true inflammatory disease, is always accompanied by fever (of low grade,) with thirst, dry skin, anorexia, and emaciation, if it runs a long course. Occasionally nausea and vomiting occur with the beginning and follow through the attack, and vesical tenesmus and retention are constant concomitants of severe cases. Sleepiness is frequent, or at best the patient has a disturbed slumber, full of unpleasant, toilsome dreams, and awakes unrefreshed, in low spirits, and inclined to be very restless. An almost constant, intensely-painful and perhaps

significant symptom of dysentery is backache. It chiefly occurs during and after stool, is located in the small of the back, and is very severe; it is often relieved by rubbing and hard pressure, and is to us an undoubted sign of weakness and blood poverty consequent to the characteristic dysenteric pathological lesions.

Such symptoms as the following will put us on our guard and give an unfavorable prognosis, no matter how they may be grouped: Deliriums; convulsions; paralysis, general or local, of the colon, as shown by sudden cessation of all pain; tenesmus; involuntary stool; face livid, and cyanotic; violent vomiting, and cholera-like collapse; urgent thirst; obstinate hiccough; sunken abdomen, with inelastic walls; copious hæmorrhages, and ichorous, cadaverus odor; urine high colored and scanty, or suppressed; pulse, small and quick; sweat, cold and sticky. From this showing of symptoms it will be readily realized that we have a most formidable foe to fight; and even though skillful treatment and faithful nursing facilitate a favorable issue, yet will the convalescence usually be slow and rarely complete.

PATHOLOGY.

As to pathology, the most reliable and worthy authorities show wide divergence. But dysentery is certainly an inflammation affecting principally the mucous membrane of the larger intestine. Handfield Jones admits that the ileum is sometimes involved, "but always in a less degree,"

in which he agrees with Rokitsansky, who says: "As a rule its intensity increases from the cœcal valve downward." Dr. Copland, on the other hand, expressly claims that the ileum is very often primarily affected. So good an authority as William Aitkin agrees on this point with Handfield Jones.

Dr. Clouston describes his cases as follows: "All abdominal organs healthy until the small intestine was examined, this was found normal up to within five or six feet of cœcum. The mucous membrane would then begin to appear reddened in small spots or rings around the gut. Six inches farther down the redness would be universal, and the mucous membrane would begin to be thickened and corrugated into folds looking like small valvulæ conniventes. A few inches further down a yellowish, dirty-looking deposit, would be seen over the mucous membrane in rings, very thin where it began, gradually becoming thicker and more continuous, until near the cœcum, it would be one-eighth of an inch in thickness. The swelling of the mucous membrane would increase downward and the fold running across the gut would become more prominent."

Raue says, "It is seated exclusively in the larger intestine, commencing at the valve of the cœcum spreading thence over the colon, exhibiting its greatest intensity at the bends of the gut."

As to the location of the pathological process then, it would seem that

while dysentery sometimes invades the small as well as the large intestine, yet it chiefly arises below the cœcal valve and is most destructive in the folds and bends of the gut, and finally concentrates itself (as the symptoms, the location of the pain, etc., would lead us to believe,) upon the sigmoid flexure and rectum.

As to the exact histological character of the lesion, observers, both former and recent, advance apparently conflicting facts from which they draw equally antagonistic theories. Much of this heterologous data may be made to tell a connected story, however, by careful inspection and arrangement.

Chomel taught that the essential fact of dysentery was congestion simply, with swelling of the mucous membrane in patches, forming prominences of a dark red or purple color, from which the epithelium desquamates.

Cruveilhier considered it a true erythematous inflammation of the large intestine, in which gangrene plays an early and fatal part. He denies, *in toto*, that the follicles or solitary glands are implicated.

Rokitansky, the great pathologist, on the other hand, regards these forms of lesion, i. e., the congestive swelling, the active inflammation, the spiculus and the glandular and follicular destruction, as all essential of dysentery. He divides the pathological process into four stages:

First Stage.—The projecting folds of mucous membrane are congested, swollen, and softened, and the epithe-

lium is excoriated and peels off in a grayish-white layer; or it is elevated into a fine, miliary vesicular eruption by the exudation of serum beneath; or it may be mingled with amorphous matter to form a dirty-gray or reddish exudate.

Second Stage.—The changes are not limited to the projecting folds, but extend over a greater surface, still exhibiting greater intensity, however, in patches. The same dirty-gray layer or membrane composed of thick, glutinous exudation and desquamated epithelium will be seen; or, this being removed, the mucous membrane is seen already degenerated into a soft, sanguineous, pale-red or yellowish pulp, easily detached, and showing the submucous membrane in its turn infiltrated and raised into ridges or tumors, which correspond to those points upon the already disorganized mucous membrane which are most affected; while the intervening spaces of the submucous membrane are not much diseased, save slight redness and swelling. The gut is now dilated with gas and full of effused lymph, mucous liquid, blood, and fecal matter. In this stage the follicles seem chiefly affected.

Third Stage.—The prominences are very close set in the mucous membrane, which is sloughy and here and there blended with the desquamated epithelium, and the exudation is firmly attached to them and is of a dark red, black, brown, or grayish-green color. The infiltrated, thickened, submucous tissue is mostly

exposed but dotted with solitary, dark-red, bleeding tufts, which are the remnants of the mucous membrane, and are easily removed. Sometimes the prominences have coalesced and the intestine presents an uneven, plicated surface, with evenly-infiltrated and thickened parieties. The mucous membrane is uniformly affected, and there are *no* free spaces. A dirty-brown, ichorous, fetid, floclent, bloody mass fills the gut.

Fourth Stage.—The mucous membrane is a black, friable, carbonified mass, and is subsequently sometimes voided in tubular laminæ or casts, (so called mortification of mucous membrane). The submucous cellular tissue is infiltrated with carbonified blood or sero-sanguinolent fluid, or, it is pallid, and its contained blood is a black, solid, or pulverulent mass; subsequently there is purulent infiltration, in consequence of the reactive inflammation which is induced in the lower strata to eliminate the gangrenous portions.

Dr. Parkes deduces from his experiences in India, with both Europeans and Asiatics, that the intestinal glands are early affected, and that ulceration occurs with great rapidity; these glandular lesions of the large intestine, and rarely of the ileum, constituting the first pathological changes in dysentery. And that the mucous membrane, in early stages, is elevated in minute spots with black tips, and a vesicular areola which, when pricked give out a white exudation. That there was exudation

beneath the mucous membrane in spots like the solitary glands over which the mucous membrane was early excoriated.

Dr. Baly, in his Gulstonian lectures for 1847, describes three stages only. His *first* corresponds to Rokitsansky's first. His second stage—sloughing of the solitary glands principally or equally with the surrounding mucous membrane, forming circular ulcers. The rugæ are chiefly affected. These "circular ulcers may arise in circular patches of tubes," says Morehead, similarly to the stomach ulcer described by Handfield Jones and Brington. Or, "it may result," remarks Aitken, "from both glands and tubes, as when a solitary gland is destroyed and carries its disorganization to some of the adjacent tubes." Ulcers may also arise in the transverse folds, making long, ring-like ulcers; these are the ulcers which perforate, chiefly, when such action occurs. Dr. Baly's third stage is much like Rokitsansky's third and fourth.

From all this it will be seen, (and much more data could be cited did space permit,) that even among the best pathologists differences still exist in regard to dysentery. Some claim that ulceration is essential; others hold that there may be true dysentery and yet no ulcers, which seems doubtful. Again some think that these are adventitious growths which are the seat of the lesions; others regard the minute glands as the headquarters of the destructive process. This latter opinion seems

the more probable, as the histology of the intestinal tract in general, and of the colon in particular, is as yet but imperfectly known.

Perhaps few diseases are more wide-spread throughout the body than dysentery. Complex and severe cases exhibit, developed from the intestinal degeneration, the liver soft, large, and spongy; the spleen, softened and gangrenous; the heart doughy and flaccid; the pericardium and plural sacs containing dirty, bloody serum; the lungs and bronchiæ congested; the mesocolic and lymphatic glands congested and smaller; and the blood throughout the system, depraved, black, and semi-fluid and its elements easily separated.

Sometimes a fibrous exudation takes place upon the intestinal ulcers, forming a cicatrix which promotes recovery. Epithelium may grow upon this cicatrix but it has never been shown that the follicles of Lieberkuhn are reproduced. When the destruction is very extensive these cicatricial tissues are condensed into fibrous bands which encroach upon the calibre of the gut and form folds or valves, giving rise to a peculiar and troublesome stricture.

SECONDARY COMPLICATIONS.

Secondary complications are such as peritonitis, perityphilitis, proctitis, pneumonia, pleurisy, mumps, erysipelas, decubitus, splenitis, hepatitis, and hæmorrhage. Convalescence is not infrequently followed by obstinate constipation, to the chief cause of which we have just alluded.

TREATMENT.

In the treatment of dysentery hygienic conditions must receive careful attention or the best-chosen medicines will fail. The apartment should be, if possible, airy, cheerful, kept in neat order and well ventilated. *No night air* should be admitted to the room, unless absolutely unavoidable. And if a perfect circulation of air is maintained until sundown, the damp, chilling, weakening atmosphere of the sunless hours can be shut out to the patient's advantage. No words can unduly emphasize the good influence that a sweet, tidy, odorless room, full of pure, dry air, exerts upon a dysenteric patient. If possible a slight draught of air should constantly move through the room during the day, care being taken that it does not pass over the patient.

Every trace of an odor should be promptly met by a disinfectant. Bromo-chloralum or Salicylic acid are preferable; especially the former. Cloths saturated with a diluted solution of this disinfectant hung about the apartment, and the rinsing of all utensils with the same solution (or a stronger one) will promptly and efficiently remove all odors. Such disinfectants as Carbolic acid, Chloride of Lime, and the old-fashioned "burnt rag," are not desirable, since their strong odor often acts unfavorably as well as disagreeably upon both patient and attendants. We have not infrequently seen marked involuntary provings of Carbolic acid in a sick chamber where it was freely used as a disinfectant.

The discharges from the patient should not be thrown into the common privy-vault or water-closet, if it can be avoided; but into a pit by themselves, each lot being covered (at the time put in) with a few inches of earth mixed with a disinfectant. Nor should the patient be poisoned by using the bed-pan a second time before it is emptied and cleansed, as is sometimes done by indolent nurses.

If the weather be cool and the floors chilled the patient's feet should be protected by stockings and slippers before they touch the floor even for an instant, and the whole body should be very carefully protected from a chill, if the patient leaves the bed even for a few moments.

An apron of light flannel should be put on, covering the whole surface of the bowels. At night another of heavier flannel (or double thickness,) should be put in place of the first. Neither should be washed at all, but replaced by new if badly soiled. But each should be thoroughly aired, sunned, and oven-dried while off duty. The whole body should be kept perfectly clean by bathing with alcohol one part and soft water two parts, the mixture being warmed to 100 degrees F., when used. No change of bed-linen or clothing should be made if it can be avoided; and if essential to cleanliness, the new linen should be aired and sunned for hours and finally dried and warmed in the oven or before the stove. Not a few weak persons are hurried into the grave by the changing of the bed-linen and clothes, by friends solicitous to "make

her comfortable." In proportion to the severity of the case should be the closeness of the patient's confinement. Dysenterics with free hæmorrhage and high fever should be rigidly kept in bed, while less affected patients may be allowed the use of the rocking chair or lounge, but prohibited from standing or walking unnecessarily.

The diet should be light, nutritious food, and its chief is mutton broth. Mutton broth we regard as better than beef tea, for children in general, and for all persons with nervous or heart affections, *and in all forms of disease of the digestive tract, but especially in diarrhœa, dysentery, and cholera infantum.* Every particle of fat should be removed from mutton broth; and this is best done in the following manner: The broth having been prepared in the usual way and its full strength acquired by sufficient cooking, it is put into a stone jar and set aside in a cool place until cold. All the fat now lies in a cake upon the top, whence it is removed and the broth re-heated, seasoned, and thickened with barley, rice, or rice flour, when it is ready to serve. This broth should mainly constitute breakfast and dinner, and in low cases may be more frequently used, like beef tea. Farinaceous food of all kinds is excellent. Arrow-root, (made with water for severe cases,) and milk porridge or "sweet milk pop," (as the country folk in some sections call it,) is good pabulum for dysenterics. A superior food for such patients is prepared in the following manner: Take a hand-

ful of wheat, rice, or barley flour, and tie it up in a stout linen cloth. Let this be boiled five or eight hours. Take the hard mass which results after cooling, and grate enough of it into a gill of boiling water to make a thin gruel; season with salt only, and serve with a milk cracker or dry toast. Crackers and dry toast browned and not burnt, will be good and relish with the meat and other broths. Convalescents may be allowed peach, grape, and blackberry jellies, and ripe peaches, will be of great value, eaten raw sliced up for breakfast. To assuage the extreme thirst which is often attendant, boiled milk, cooled but not iced, is often safe and efficient. Toast water is also excellent when it is not charcoal in solution or mere drainage from warmed bread. But better than these is jelly-water, made from grape or blackberry jelly. Best of all we must rank wine and water. Claret is the wine for this purpose, and should be mixed with thrice its bulk of water and no sugar. Patients with dysentery may use this beverage continuously in moderation and be only benefited. If claret cannot be had, a pure grape wine of similar nature may be used.

In the following indications for the use of drugs we shall mention those medicines only which seem to us most important.

ALOES.

Stools—Dark yellow, fecal; bloody, jelly-like mucous in "*gobs*;" small, lumpy, watery; involuntary, while passing flatus.

Aggravation—When walking or standing; after eating; while passing urine and flatus; in the afternoon, evening, and night.

Before stool—Sudden, violent, excruciating, cutting, griping pain in the abdomen, often worse on the right side, with imperative urging.

During stool—The same pains and urging continue; much flatus and horrible tenesmus.

After stool—Pains subside; great prostration and profuse cold perspiration; tenesmus; hæmorrhoids.

Accompaniments—Good appetite and no special thirst; loud rumbling and gurgling in the abdomen, as of water running from a bottle; pain in the small of the back.

We use Dunham's 200th and Finckes' 1000th, and have seen very many fine cures with the latter. Aloes will cure promptly and completely, unaided, when well indicated, which it is frequently this year. We believe that Aloes 1000 would completely cure Dr. Hawkes' case.

ARSENICUM

Stools—Dark or black, watery; thick, dark-green mucous; fetid, chocolate-colored, bloody; indigested; scanty; frequent about midnight; corrosive.

Aggravation—At night, about midnight; after eating and drinking, (compare Croton tig. and Thromb.); from cold food, ice water, fruits, acids, and alcoholic drinks; during dentition.

Before stool—Constrictive, cutting pains in the abdomen.

During stool—Pain as before stool; tenesmus; burning and sensation of constriction in rectum and anus.

After stool—Relief of pain and tenesmus; (gradual relief of pain and continuance of tenesmus, Aloes); great prostration and profuse perspiration; burning and sensation of constriction in rectum and anus. Tonic spasms of sphincters in general and of the anus in particular, are characteristic of Arsenicum.

Accompaniments—Great restlessness; anguish; excessive, unquenchable thirst for cold drinks, frequently, in small quantities; vomiting after eating and drinking; rapid, and soon complete, prostration; emaciation.

We use 200 D. 1000 and 40,000 F.

BAPTISIA.

Stools—Pure blood; bloody mucous; dark, thin fecal; frequent, profuse, as from a violent drastic cathartic.

Aggravation—In hot weather; in autumn.

Before stool—Violent colic in the hypogastric region.

During and after stool—Terrible tenesmus.

Accompaniments—Dry, brown tongue; afternoon fever of a typhoid type; hepatic symptoms; sleepiness, or restlessness; unrefreshing sleep full of tiresome dreams.

We have very often seen the 1st cent., in water, cure promptly and permanently, leaving no ill-effect, while the 200th Tafel, and 1000 F., have almost always failed us. We believe it is more frequently useful (according to present indications,) low

than high, like most of Hale's new remedies, and is a most important drug in the treatment of dysentery.

CANTHARIS.

Stools—Bloody; whitish, or pink, watery and mucous stools, like scrapings from the intestines, or water in which meat has been washed.

Aggravation—At night.

Before stool—Violent, colicky, pinching pain in the hypogastrium, with intense burning all over the abdomen, which is very sensitive to touch.

During stool—Pain continues as before stool, with severe tenesmus.

After stool—Pain is gone or subsiding; tenesmus is increased; burning, stinging, excoriated sensation at the anus.

Accompaniments—Lips, mouth, and throat sore and cankered; anxious restlessness, and pale, death-like countenance; tormenting thirst and yet loathing of drink; frequent, ineffectual urging to urinate, and burning in the urethra and neck of the bladder after micturition.

The stool of Canth. is characteristic and will infallibly point to it when indicated. Spanish fly will usually cure unaided, but sometimes Kali bich. and other remedies are required to close the case. We use 200 and 1000.

CAPSICUM.

Stools—Mucous; tenacious, bloody mucous; streaked with black blood; (streaked with red blood, Sulph.); thin, adhesive, slimy; mixed with black blood; small, frequent.

Aggravation—After drinking; pains

worse from any current of air, even warm air.

Before stool—Cutting, flatus, colic.

During stool—Violent tenesmus, with burning as from pepper in the rectum and bladder; strangury and colic continues.

After stool—Tenesmus and burning continue; thirst, with shuddering while drinking; drawing pains in the back; (backache before and during stool, as if broken, better after stool, Nux v.)

Accompaniments—Abdomen swollen and tympanitis; putrid taste in the mouth; tenesmus of the bladder.

Caps. resembles Canth., but may be distinguished by close study. Bell says: "When the choice becomes difficult, the drinking after stool causing shuddering, and the drawing-pains in the back after stool, will fix the decision on Caps., and distinguish it from Merc. cor. and Nux v. We use 1000 F. only, always getting a prompt response and regard it as an important remedy in dysentery.

CARBO VEG.

Stools—Frequent, involuntary, and of putrid, cadaverous odor.

Aggravation—After long-continued or severe disease. After Arsenicum.

Accompaniments—Restlessness and anxiety; general collapse; cold breath; face greenish-white; salivation; much putrid flatus.

"Often at the brink of death a savior, in those states of general collapse, dissolution of the blood, and paralytic conditions which seem rapidly to invade the whole organism."

Special Pathology, page 580. We use 200 and 1000, and usually prefer the latter.

COLCHICUM.

Stools—Watery; white or jelly-like mucous; bloody, mingled with slimy substance; small and frequent.

Aggravation—In the autumn; from motion; (vomiting).

During stool—Tenesmus, spasm of the sphincter ani, with shuddering over the back.

Accompaniments—Great thirst; salivation; great nausea and loathing of food; burning or icy-coldness in the stomach; urine dark-red and scanty; dropsy, general and local; sudden spasms of the sphincter ani.

We use 1000 only.

COLOCYNTHIS.

Stools—Saffron yellow, frothy, liquid; watery, mucous, and bloody-like scrapings from intestines; thin, greenish, slimy, watery, sour, putrid, musty like burning paper.

Aggravation—After a meal, and after fruit; after vexation or indignation; during dentition.

Before stool—Cutting colic, as though the intestines were being jammed between stones, compelling the patient to bend double and press upon the abdomen; great agony.

During stool—The colic and tenesmus continue.

After stool—Cessation of colic; more rarely the colic occurs chiefly, and is very violent, after stool.

Accompaniments—Intense, cutting, squeezing pains in the intestines, com-

ing up into the stomach, causing nausea; abdomen bloated.

We use 1000 only, and have seen it relieve the characteristic pains in five minutes by the watch. It is a drug of prime importance in dysentery, but will rarely complete the cure alone.

DIOSCOREA.

Stools—Deep yellow, thin, watery, fecal; dark green, fecal and mucous; very offensive.

Aggravation—While lying down or bending double (colic); with children; during dentition; early in the morning.

Before and During stool—Severe twisting colic, in paroxysms with intervals of relief; violent urging.

After stool—Colic and tenesmus continue; weak, faint feeling in the abdomen; protuberent hæmorrhoids.

Accompaniments—Violent, twisting, writhing colic in the umbilical region, in paroxysms with intervals of relief. Disposition to felons.

When Coloc. seems indicated and fails, in the diarrhœa and dysentery of infants especially, we find Diosc. always relieves. Like Colocynth, it usually requires to be followed by Merc. v., Nux v. or Sulph. We use 1st centesimal, the 30th, and 1000, and prefer the latter for most cases.

GUMMI GUTTI.

Stools—Thin, yellow, fecal, or watery; bloody and dark green mucous; offensive, frequent, and copious; coming out all at once.

Aggravation—In the forenoon.

Before stool—Hot pinching through the abdomen and sudden urging.

During stool—Strong urging passing the stool quickly, with a single effort, (somewhat prolonged?).

After stool—Feeling of great relief as though some irritating substance were removed from the abdomen; burning in the anus.

Accompaniments—Itching of the canthi and lids.

Gamboge is sometimes *the remedy* in dysentery, and when the similitum, will, unaided, reward the chooser with a prompt and complete cure. We use only 200 Tafel.

IPECACUANHA.

Stools—Green mucous, as green as grass; bloody, slimy, fermented, offensive.

Aggravation—In the evening; during dentition, in children; after unripe or sour fruit; in the lying-in-chamber.

Before and during stool—Nausea, vomiting, and colic; great pressing to stool.

After stool—Tenesmus.

Accompaniments—Pale face and blue rings around the eyes and mouth; headache, coated tongue and loathing of food; chilliness; nausea, and vomiting of grass-green, jelly-like mucous; flatulent colic; when this colic occurs with the bright green vomit and stool, the choice is certain.

Other remedies will usually be required to complete the cure. Petrol. follows Ipecac. well. We use 200 and 1000.

KALI BICHROM.

Stools—Brownish, frothy, watery, bloody, jelly-like.

Aggravation—In the morning; periodically, every year.

Before stool—Urgent pressure to stool, waking one in the morning.

During stool—Violent, painful, pressing, straining, urging, and tenesmus; gnawing pain about the umbilicus.

After stool—Tenesmus.

Accompaniments—Tongue dry, red, smooth, and cracked.

"After Canth. has removed stools like scrapings, jelly-like stools will sometimes appear. Kali bich. will then complete the cure."—Bell on Diarrhoea, etc., page 67.

We use chiefly 200.

MAGNESIA CARBONICA.

Stools—Green, watery, frothy, with green scum like that of a frog pond; bloody mucous, with green, watery stool, sinking and adhering to bottom of the vessel.

Aggravation—In hot weather; during the day; during dentition.

Before stool—Cutting and pinching in the abdomen.

During stool—Abdominal pain continues; urging and tenesmus.

After stool—Tenesmus.

Accompaniments—Bell remarks truly, "Much of the ground which should have been occupied by Magnesia carb., has heretofore been given to Coloc. and Merc."

We use 200 only.

MERCURIUS.

Stools—Green mucous; bloody mucous; green, slimy; bloody, frequent, scanty; corrosive.

Aggravation—At night; from cool

evening air; in hot weather; during dentition.

Before stool—Violent and frequent urging with cutting, pinching, twisting pain in the abdomen; chilliness.

During stool—The same pain and urging as before stool; violent tenesmus; eructations, nausea and hot sweat on the forehead.

After stool—Violent tenesmus and cold sweat on forehead.

Accompaniments—Bad taste and odor from the mouth; profuse, salty saliva; restlessness; sour night-sweat, particularly on the head and cold on the forehead.

We use 200, 1000, and 100,000, and find the last often a most sweeping and deep-acting remedy.

MERCURIUS CORROSIVUS.

Stools—Bloody, slimy, scanty, frequent.

Aggravation—Day and night.

Before, during, and after stool—Almost constant cutting pain in the abdomen, and extremely painful, almost incessant and ineffectual straining, pressing and tenesmus.

Accompaniments—Urine scanty, hot, bloody, suppressed, or passed in drops with terrible tenesmus of the bladder.

It is one of the few certain things in the practice of medicine that Corrosive sublimate is often prescribed for dysentery with little or no effect, when among such medicines as Canth., Caps., Nux v., and Sulph., would be found a means of prompt and complete relief. It is only called for when the disease presents those intense symptoms which the pathogene-

sis depicts. We use mostly 200 and 1000; occasionally, the 1st cent. in water.

NUX VOMICA.

Stools—Thin, brownish mucous; thin, bloody mucous; dark brown, watery; frequent, small; alternating with constipation, (also Lachesis).

Aggravation—After debauchery and abuse of alcoholic drinks; after drastic medicines, and diarrhœa and cholera mixtures; after night watching.

Before stool—Pressing backache, as if broken, (Raue has this symptom *after stool*—incorrectly, we think); constant urging, and cutting pain in the abdomen.

During stool—Backache as before stool, and violent tenesmus.

After stool—Cessation of the pains and tenesmus.

Accompaniments—Over-sensitiveness to light, noise, odors, jarring, etc.; aversion to the usual coffee, tobacco, etc.; desire for fat food and alcoholic stimulants in those unaccustomed to their use; nausea; headache; desire to lie or sit down.

Nux v. is often unrivaled to close up and complete the cure of a slowly-improving case of dysentery, and must be given high and infrequently to achieve this result. We use (rarely, the 3d cent.) 200, 1000, and Swan's millionth—a most wonderful preparation.

RHUS TOXICODENDRON.

Stools—Thin, red, yellow, or jelly-like mucous; involuntary (at night while sleeping).

Aggravation—At night; after getting wet; after strain.

Before and during stool—Cutting, rending colic in the abdomen, with nausea and severe urging.

After stool—Gradual relief of pains and tenesmus.

Accompaniments—Restlessness; desire for cold milk (also Ars.); nausea; pains in the abdomen and limbs, better after and while moving about; troublesome, vivid dreams of hard work and difficulties.

We use 200, 1000, and 10,000—chiefly the latter.

SULPHUR.

Stools—Watery, brownish and fecal; green mucous; bloody mucous; reddish mucous; white mucous streaked with blood; undigested; changeable; frothy; sour; fetid; involuntary.

Aggravation—In the morning early, in bed; after milk; after suppressed eruptions; during dentition.

Before stool—Sudden, violent urging (driving one out of bed in the morning, without pain); cutting colic.

During stool—Urging; chilliness of the lower part of the body.

After stool—Straining, throbbing and burning in the rectum.

Accompaniments—Open fontanelles; aversion to meat; hunger at 10 or 11

A. M.; nausea and vomiting; sleepiness in the daytime and wakefulness at night (also Staph.); sleeps with eyes half open; prolapsus recti and hæmorrhoids; when other remedies act favorably only for a short time.

We use 200, 1000, and 45,000.

OTHER REMEDIES.

In intractable cases of dysentery, in addition to the drugs already enumerated, the following should be studied: Æth., Alum., Apis, Arg. nit., Bell., Bry., China, Cap., Cub., Cup., Dulc., Elat., Erig., Hamam., Iris v., Lach., Nitric ac., Ox. ac., Petr., Phos., Psor., Puls., Raph., Staph., Thromb., Veratrum alb.

The obstinate constipation which sometimes accompanies and follows convalescence from dysentery, is chiefly caused by the cicatricial bands formed in the intestine and the consequent stricture and paralysis of the bowel, to which we alluded while discussing dysenteric pathology. Grapites and Sulphur are the chief drugs for this constipation, as might be inferred from their pathogeneses. But the following medicines should be compared before prescribing: (1). Alum, Bry., Lach., Nux v., Opium, and Phytolacca; (2). Lyc., Nat. mur., Plumb., and Sepia.

WHEN DOES MORTIFICATION ENSUE?

At a medical examination a young aspirant for a physician's diploma was asked, "When does mortification en-

sue?" "When you propose and are rejected," was the reply that greeted the questioner.

CLINICAL APPLICATION OF CYANURET OF MERCURY IN DIPHTHERIA.

W. H. BURT, M.D., CHICAGO.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

No drug in the known world, has proven so efficacious in this disease, not only in its simplex, but in its most malignant forms, as the one we have selected for our theme; this being a demonstrated fact, it behooves us to thoroughly investigate its therapeutic properties until we know just when, and where, and how, to use it in this dreaded and fatal disease.

For the last three years I have been administering it in this disease with such wonderful curative results that now, so soon as I am certain that I have a case of diphtheria to treat, I at once put the patient upon the Cyanuret of Mercury, with a feeling of almost absolute certainty of curing the patient. I am sorry I have not kept a record of the cases cured with this drug, but they have been many scores, without a single failure. Now I have no doubt but many will call me unscientific and a routinist for so doing. Well, I am willing to be called so, until the remedy fails me, and then, I will fall back upon our rich *materia medica* and select from such drugs as *Kali bich.*, *Iodide of Mercury*, *Phytolacca*, *Lachesis*, *Apis m.*, *Belladonna*, *Baptisia*, *Rhus tox.*, *Nitric acid*, *Arsenicum*, *Carbolic acid*, and *Chloride of Lime*.

In my opinion, no remedy corresponds so closely to diphtheria in all

of its various forms as the one we have chosen for our study; its usefulness extending from the incipency of the attack to the end, from the most mild to its most malignant forms, as shown by five cases of poisoning with the drug, where all of the poor victims died from gangrene of the throat. Even the suddenness of the attack of malignant diphtheria is completely covered by the Cyanuret of Mercury, for its symptoms come on with almost the rapidity of those caused by Hydrocyanic acid. There being no provings of this remedy, we are compelled to rely upon clinical experience.

I shall now proceed to give the symptoms that I have confirmed many, many times, at the bedside, with what I can find in our medical literature, hoping, by so doing, it will be the key to unlock and draw out from the profession many practical hints about the remedy and this malignant disease:

1. Patient attacked suddenly with a chill, followed by high fever of a low, adynamic character.
2. Pulse from ninety to one hundred and fifty, soft and feeble.
3. Temperature from one hundred to one hundred and five degrees, F.
4. Excessive prostration—this is a marked symptom.

5. Patient aches all over; head, body and limbs all feel sore as if pounded, and the bones as if broken.

A large number of my patients have complained more of the base of the brain and back of the neck aching, than any other one symptom. Something hard for me to solve, without it springs from severe inflammation of the back part of the fauces and nares.

6. Some patients have a clammy perspiration all over the body, but the majority have not had it.

7. Both cheeks flushed, purple, or, of a livid color.

8. Bursting headache, with much vertigo when raising up, in many cases.

9. Fetor oris. The intolerable fetid breath was a prominent symptom in all my cases.

10. Tongue coated heavily, with a dark-yellow color and often with red edges, sometimes much swollen.

11. Cheeks dotted with ulcers with grayish coating.

12. Gums red and swollen.

13. The tonsils and velum palati highly congested and inflamed, covered in patches, or in its entirety, with a gray, or yellow, false membrane.

Usually this pseudo-membrane is of a dark-gray color, which I believe to be the true color indicating this drug. I have often seen this dark-gray colored pseudo-membrane not only covering the tonsils, but the whole of the soft palate, uvula and fauces, extending up into the nares,

completely occluding the nostrils. I have also had a number of cases where the false membrane was wholly confined to both nostrils—two very recently—one in a young girl, and one in a young lady, where, for several days, not a bit of atmosphere could be drawn through the nostrils; both recovered under the influence of this drug. I have also attended a few cases of so-called croupal-diphtheria, where the pseudo-membrane extended into the larynx and trachea. One marked case in a lady forty years of age, the voice was lost for six weeks, but she finally recovered. I gave her up to die, and prepared her husband for it, but the Cyanuret of Mercury, as it were, snatched her from the grave. Another case of croupal-diphtheria in a little girl aged seven, the pseudo-membrane extended from the tonsils into the larynx, producing complete loss of voice for two weeks; one nostril was also occluded in this case, but she made a good recovery. I am happy to say, nearly all of my cases have been those where the respiratory organs were not involved, I for one, dread croupal-diphtheria, for I have seen several of my little patients, in years that have gone by, go to their heavenly homes, in spite of all my efforts, with Kali bich., Iodine, Iodide of Mercury, Lachesis, Hepar s., Chloride of Lime, Arsenicum, Rhus tox., and yernix, Apis mel., Bromium and tracheotomy.

Since I have commenced to use the Cyanuret of Mercury, I have saved all, it may be accident, but I do not

believe it. I do not say that the Cyanuret of Mercury will cure every case of croupal-diphtheria, for I know it will not, but I believe it will cure many cases that would certainly die with all other known remedies. Cases have been reported, by many physicians, of croupal-diphtheria given up to certain death, when this drug has been administered and cured the patient. I tell you, Mr. President, every physician that has treated croupal-diphtheria, knows when he is called to such a patient, that, as a rule, his beloved patron will in a few hours be in his Eternal home, and his body laid away in the silent tomb, but now, let the physician take courage and persevere with this drug, and many such patients will have their lives prolonged, when it would seem as if all hope had fled.

One case of diphtheritic scarlatina the patient raised, under the influence of this drug, a complete cast, three different times, of the trachea of this pseudo-membrane and recovered.

14. Great enlargement and inflammation of the parotid glands, several of which had salivation, with all of its attendant symptoms.

15. In several cases the inflammation extended along the eustacian tube and greatly affected the hearing.

16. Several cases had difficult deglutition, where the glands were greatly swollen.

17. But one of my cases, treated with this drug, ever had ulceration of the tonsils or glands follow.

18. One case had epistaxis follow,

when the false membrane loosened from the nostrils. This I greatly feared, for I lost a little girl about fourteen years ago when everything seemed favorable—the pseudo-membrane came loose in the night while she was asleep between her father and mother, and before anyone awoke the loss of blood had been so great that there was a pool of it upon the floor under the bed that had run through all of the clothes and bed. My patient expired in about one hour after waking up.

19. This remedy has produced epistaxis, with cerebral congestion, but I have not cured this symptom yet, for I have not had it to contend with.

Since writing the above, I have had one case of nasal diphtheria, with copious hæmorrhage when the pseudo-membrane loosened. Gave the Cyanuret of Mercury in the 30th, and no more hæmorrhage took place for two days, when another hæmorrhage occurred.

20. Cough, both dry and loose, in croupal-diphtheria, with sawing respiration.

21. Constant inclination to clear the throat, but cannot; tries to clear the nostrils by blowing it, but the passage suddenly closes (it is swollen,) and prevents blowing it.

22. Constantly spitting a thick, ropy mucus from the mouth.

23. Many physicians have arrested ulceration of the tonsils with this drug, but I have not tried it for quinsy.

24. Several cases are reported where

gangrene had actually taken place in the soft palate and fauces, that were cured with this drug. Dr. Beck, of St. Petersburg, Russia, reports a desperate case of this character cured with this remedy in the 6th dilution.

25. Complete loss of appetite.

26. Nausea and vomiting—a few cases.

27. I regret to state I have not examined the urine of any of my cases of diphtheria for albumen, so cannot say anything about that important symptom. But the urine in all cases has been high-colored and scanty. It has caused albuminuria in one case of poisoning.

28. Bowels usually constipated.

29. Several cases, in females, the menses have come on one and two weeks too soon. One case they had ceased for only one week; came on profusely, with great debility.

30. A few cases had a fine rash upon the skin, very similar to scarlatina, but not very profuse over the body; mostly upon the arms and chest.

Convalescence in all cases have been rapid, no sequelæ have followed a single case that needed treatment.

The above gives the summing up of my experience with this drug. I will now give a little of what can be found in our medical journals on this remedy:

“Dr. Villers treated, during ten years, over one hundred cases under three different latitudes, (Dresden, St. Petersburg, and another city in

Russia,) found the disease always the same, and that the Cyanuret of Mercury was the only certain and quickly-operating drug. He did not lose a single case, and insists on using the 30th dilution. After using this drug the further extent and degeneration of the exudate is stopped at once, the improvement is very striking, even after twelve hours; after twenty-four hours no vestige of exudate is generally to be seen, and after two or three days the disease is so far removed that the remedy is no longer necessary, as the patient is well. With the improvement of the local symptoms that of the others keep pace; refreshing sleep and appetite appear after a few hours, and strength comes rapidly. If the remedy is given in the stage of invasion, i. e., before the exudate is deposited, it will not appear at all. As a prophylactic it is equally effective. Paralysis and other sequelæ have not been observed after the use of this drug.”

CASE I.

“Boy aged four, lived in a bad cellar—tenement. One brother and sister just died with diphtheria, without treatment. Tonsils, velum palatinum, and fauces much swollen, dark-red, and thickly covered with exudate; great difficulty in swallowing; hoarse voice; rough, dry cough, with anxiety; skin hot and dry; pulse 130, small; great weakness; apathy; emaciation. Cyanuret of Mercury, 6th cent., one drop to half a glass of water, one spoonful every two hours. In twenty-four hours the swelling of the velum

and fauces diminished one-half; the color of the mucous membrane almost natural; only a trifling vestige of the exudate, pulse 90, skin almost normal. The second night, quiet sleep and appetite, and no more symptoms."

CASE II.

"A scrofulous girl, aged three years. Mother scrofulous and father syphilitic. On the fourth day of diphtheritis the following conditions: The child lay on its back with hanging under jaw and half closed eyes; soper, but when spoken to, easily aroused; mouth and fauces completely covered with whitish-gray exudate; lips dry and bleed on opening the mouth; nose stopped up; swallowing impossible; the patient can utter only a few croaking sounds; emaciation, and flabbiness of muscles; extreme weakness; skin hot and dry; pulse excessively weak, and so fast that it cannot be counted; dark, scanty urine, without sediment; no stool for two days. Prognosis very unfavorable. Aconite and Belladonna ineffectual. Cyanuret of Merc. 30, three globules every two hours. Improvement began after the fourth dose; complete recovery on the fourth day."—Hirschklm.

Paul Rognin, (*L' Art Medicale, Allg. Hom. Zeit.*,) says in several cases where the diphtheritic exudation had spread into the larynx, Bromium and Tart. em. had been of no avail, Cyanuret of Mercury 3 brought the desired effect. He cites three desperate cases cured with the Cyanuret of Mercury.

CASE III.

"A scrofulous boy, of seven years, in Dresden, Saxony. Merc. sol. ineffectual. Beginning of exhaustion, Arsenicum. On fifth day cough, with croup tone; torpid character of the disease, Iodine. As the collapse grows worse and worse, again Arsenicum. On the seventh day, extreme exhaustion, sawing breath; adynamic fever; spasmodic cough, when examining the fauces. On the left side of the velum, close to the uvula, loss of substance of about half an inch in diameter, surrounded by a narrow, intensely-red rim, the color of which contrasts with the purple tint of neighboring membrane; the deficiency is filled with a slate-gray, soft substance, which hangs below the edge of the velum. A hopeless case. Cyanuret of Mercury, 6th cent., one drop to half a glass of water, one spoonful every two hours, for three doses, and then three doses of Iod. then again three doses of Cyanuret of Mercury, and so on. The next night quiet sleep, with diminishing attacks of cough. No sawing breath. On the next morning, appetite, and not the least vestige of the gangrene. Extraordinary quick recovery.—Hirschklm. We attribute this case entirely to the Mercury, for the Iod. had been given before without any effect."

CASE IV.

"Mary M., aged seven, blonde, well built, never sick, had been coughing for a week; for four days had sore throat; expectorating, after violent efforts, glary mucus; for three days

suffocative paroxysms awake her during night; barking cough. Emetics gave only momentary relief. Child sitting up; muscles of face contracted; face cyanosed; skin burning; eyes injected and staring; voice extinguished; laryngo-tracheal whistling; nasal cavities obstructed by false membranes; submaxillary ganglions engorged; saliva flows constantly from open mouth; tonsils, velum palati, etc., covered with false membranes; has refused all food for twenty-four hours, Brom. 3, in water. Next morning child worse, refuses to be examined, force produces suffocative fits. Prescribed Tart. em. 3, in water. In evening, the same state; fear she cannot live all night. Prescribed Cyanuret of Mercury 3, every two hours. Next morning child better. After the second spoonful, the child expectorated a quantity of thick, greenish mucus, like green ribbons. Continued Cyanuret of Mercury, with constant improvement up to the twelfth day, when hoarse voice led me to Hepar sulph. 12, every three hours. On the fourteenth day gave Cyanuret again. She took it till the nineteenth day, when Phos. 6 was given on account of aphonia."—Paul Rogum. Translated by S. Lilienthal, from *L' Art Medicale*.

I have quoted these cases to illustrate the wonderful curative virtues of this remedy, in that worst of all diseases, i. e., croupal diphtheria, to impress it upon the profession that we have a remedy at our command that will cure many of these cases that are,

as a rule, fatal with all physicians and in all schools. Out of the many published cases of diphtheria, (and I was surprised to find so many cases published in our journals that have been cured with this remedy,) cured with the Cyanuret of Mercury, I have only taken a few, but enough I hope, to satisfy the profession that I do not claim too much for it, and that other physicians are as enthusiastic over its therapeutic properties as your humble servant.

How shall we administer it in this disease? My experience, so far, has been with the 3d dec. trituration, but in studying up the remedy I find that the majority of cured cases reported in the journals, have been with the higher attenuations, from the 6th to the 30th dilution, and the cures, if anything, have been more rapid than mine.

CASE V.

While writing this article I was called to attend a case of malignant diphtheria in a family where two had died in one day of croupal diphtheria a few days previous. My case was the wife of one of the brothers that lost the children. She worked over them day and night until stricken down with the disease. Her symptoms were: Excessive prostration; chill, followed by high fever; pulse 140, soft and feeble; accompanied with excessive aching of the head, back and limbs, with the greatest suffering in the back of the neck; throat very sore; tonsils and whole of the soft palate and fauces highly in-

flamed; with grayish exudate extending up into the nostrils, completely occluding the right nostril. I here had a fine chance to try the higher dilutions of the Cyanuret of Mercury. Gave her the 30th, prepared by Tafel. In forty-eight hours the fever was arrested, and the pseudo-membrane had not increased. Third day, the exudate loosened in the right nostril, and she had quite a hæmorrhage, losing probably half a tumbler-ful of blood. I still continued the remedy, for everything was progressing as well as I could desire. Had no more hæmorrhage until forty-eight hours had expired, when she had, in the afternoon, quite a hæmorrhage, five different times from the right nostril. The fauces and throat look well, is up and dressed, but very weak. Gave China and Nitric acid, alternately. Next day no hæmorrhage; returned to the Cyanuret, the right tonsil being a good deal congested. I omitted to state that in this case there was *excessive fear* throughout the disease, caused by the two deaths mentioned above. This fear was so great she could not sleep. One night I gave to quiet her, Gelsemium; and one night Zincum val., but they did not appear to quiet her in the least.

Since writing the above, the daughter of the above mentioned lady, aged three and a half years, was taken with malignant croupal diphtheria and died, so I have, in sorrow, to announce the first failure of the Cyanuret of Mercury—and everything else. In this case the disease commenced

in the larynx, accompanied with a dry, croupal cough; the exudate not only soon covering the soft palate and tonsils, but occluding both nostrils; excessive fetor of the breath; low, adynamic fever; temperature from 101 to 103½ degrees. The Cyanuret arrested the disease one day, and then it returned more croupal than at first. Kali bich. was now given, which checked its progress for one day. Prof. G. A. Hall was now called in for counsel, and suggested the Kali bich. and Cyanuret, alternately, and for two days they were administered. In the same time she inhaled the steam of slacked lime, hops and Iodine. Wanted to use the spray but our little patient would not allow us to do so. All this treatment seemed not to do the least good. We now changed to Chloride of Lime and Iodide of Arsenicum, without avail, and on the sixth day the larynx became completely occluded with the exudate, and while she was dying Prof. G. A. Hall, Dr. Seymour, of New York, and myself, performed tracheotomy. When the operation was completed she ceased to breathe and was apparently dead, but by performing artificial respiration we succeeded in getting her to breath once more, and for thirty hours we thought our operation was going to be a triumphant success, but gangrene of the larynx and fauces took place and our little patient passed quietly and peacefully to her Eternal home. The exudate did not pass below the larynx and if we could have prevented gan-

grene, tracheotomy would have been a success.

I wish to state that, in several of my cases treated with the Cyanuret, for the first two days I have alternated with it Baptisia, to subdue the fever, and believe it to be of great value in this disease.

I should advise the Cyanuret of Mercury from the 3d to the 30th, and probably the 6th attenuation will be just what we want.

If my opinion was asked, What, in your judgement, are the best remedies for diphtheria? comparing the remedies to a tree, placing the most useful at the top I should build my tree as follows: At the top would be placed the Cyanuret of Mercury, next to it the Iodide of Mercury and next to that Kali bich., and then in the following order, Phytolacca, Belladonna, Baptisia, Lachesis, Apis m., Arsenicum, Nitric acid, Iodine, Bromium, Rhus vernix, and Chloride of Lime. The last one mentioned, I believe ought to be placed up in the branches of the tree. I have used it many times with excellent results, but not enough to know just where to place it in the tree.

Lastly I would recommend to your careful study the prophylactic virtues of the Cyanuret of Mercury in diphtheria, and would recommend the remedy to be given in the 30th dilution.

Since writing the above, I poisoned a large dog with the Cyanuret of Mercury, by injecting the crude drug under the skin. The

symptoms were nausea; vomiting; excessive thirst; many stools, of what I took to be blood but proved to be bile and mucus, with much tenesmus; respiration very slow, the last hour before death about one a minute; dilatation of the pupils; intermittent pulse, beat twice then stop for one beat, and then beat five times and stop for two beats; dog had no pain but was in a listless state, with excessive and complete prostration.

Post-mortem revealed inflammation of the larynx with the mucous membrane of the larynx and posterior nares loaded with mucus; cardiac portion of the stomach highly inflamed, and contained about one pint of bile and mucus; the whole intestinal tract was filled with bile, and the rectum congested; liver highly congested; heart, both ventricles filled with dark colored blood, in the right ventricle was a white, fibrinous clot, that had formed there from the great debility of the heart's action and slow pulsations.

I would call especial attention to the action of this remedy producing such a powerful action on the heart, as shown by its slow action and the long-continued intermittent pulse, its action upon the inhibitory nerves of the heart equaling Digitalis ought to be a hint to us in diseases of the heart with intermittent pulse. Its action upon the larynx producing inflammation, if confirmed, will be of great practical value. The immense amount of bile found in the stomach and intestines, is another practical hint of

great value. I was astonished to find no salivation, especially when I was

three days killing the dog, using forty grains in three doses, one a day.

EUONYMINE IN ALBUMINURIA. — UNEXPECTED CURE BY AGNUS CASTUS.

WM. H. HOLCOMBE, M.D., NEW ORLEANS, LA.

Presented to the Homœopathic Medical Society of Tennessee.

CASE I.

I made last winter a clinical discovery which promises to be one of considerable importance. I had been prescribing occasionally during the past year for a young gentleman afflicted with dyspepsia, chronic catarrh and sick headaches. The latter symptom had become especially annoying, and one evening, while engaged in social converse, his head still slightly aching, my patient fell into a violent and prolonged convulsion, followed by stupor and headache for some hours. The next day I analyzed his urine, and found it loaded with albumen; indeed the albuminous deposit occupied more than one-half the space which was at first occupied by the urine alone. I thus discovered that an insidious Bright's disease was at the bottom of all his troubles.

I treated him for three months with various remedies. Helonias, Macrotin, Mercurius corros., Arsenicum, Gelsemium, Aurum, and the Phosphate of Strychina and Iron figured successively or alternately in the management of the case. He was some-

times better and sometimes worse, hardly ever free from headache, and the urine never absolutely clear of albumen. The severer the headache, the more heavily was the urine loaded with albumen. I could not see that my remedies had made any serious impression on the case, and I was very much dishearted. He was pale, anæmic, thinner in flesh, low-spirited, and I felt confident that unless more efficient remedies were given, he would have more convulsions.

About this time I happened to read in an allopathic journal of some experiments made upon dogs with Calomel, Podophyllin and Euonymine, to ascertain their relative value as cholagogue purgatives. It was asserted that Euonymine was far superior to the others for exciting a free flow of bile. Regarding dyspepsia and arrested or perverted hepatic function as morbid steps almost always preliminary to the development of Bright's disease, I had determined to put my patient steadily for a while on a liver remedy, and it occurred to me soon that I had discovered the right thing. I gave him two or three grains of the 1st cent.

trituration of Euonymine, three times a day.

At the expiration of a week, he reported himself as free from headache, and in every respect better. To my surprise, as well as delight, there was not a particle of albumen in his urine. Another week of the same treatment and the same favorable report was made. I gave him a placebo during the next week and he came back complaining of rheumatic pains all over. I gave him Macroton, and on his next weekly visit, he had severe headache, no appetite, nausea, and strongly albuminous urine. I returned to the Euonymine and the urine became normal in a few days. I continued the Euonymine steadily for two or three months, and the patient improved regularly. He fattened ten pounds, had very little headache or dyspepsia, and the urine continued perfectly free from albumen. As he had not made a satisfactory change of climate for many years, I advised him to visit Waukesha and drink moderately of the Bethesda Water during the summer. He has been there six weeks at the present writing, (August,) and reports himself in excellent condition.

CASE II.

Very soon after discovering that Euonymine caused the disappearance of albumen, in the above case. I tried it upon another. A tall, very thin young gentleman, had been visiting my office for more than a year, complaining of pains in the back and head. He was slightly dyspeptic and

always very low-spirited and despondent. His urine contained albumen in very small quantities at every analysis, and Strychnine was the only remedy I gave him which caused its disappearance for even a short time. I prescribed the Euonymine, and in a couple of weeks no albumen was to be found. Now, after four months, using it only occasionally, he has gained considerably in flesh, has no pains anywhere and the urine is perfectly normal.

The two cases given above are very suggestive, and although it would be premature to claim Euonymine as a great remedy for Bright's disease, it is certainly one worth the earnest attention of the profession. I have frequently prescribed it successfully for pains in the back, loins, hepatic and splenic regions, of obscure origin, but very probably connected with kidney troubles not revealed by the exudation of albumen.

III. UNEXPECTED CURE BY AGNUS CASTUS.

A woman of loose virtue, who had borne but one child, now ten years old, applied to me for something to renew her almost extinguished venereal appetite. She suffered with an incorrigible womb-disease, which had been treated by a dozen doctors without result. I had her under my own charge for six months, and effected positively nothing. The whole uterus was engorged and thickened, extensive ulceration occupied the os and even reached into the interior of the womb. The menses, exceedingly profuse,

(probably free hæmorrhages,) generally occurred twice a month. One specialist injected a solution of Chromic acid into the uterine cavity. Several of them scarified the os every week or two for months at a time. The menses were exceedingly painful and she was terribly tormented with ovarian neuralgia. She had abandoned all treatment in despair.

Although very thin and haggard, she was still beautiful, and ostensibly a kept mistress, she had more lovers than one. She came to me, as I said, for something to renew her sexual vitality. Coitus had been somewhat painful for years, but now it was absolutely abhorrent. She seemed utterly fagged and worn out in that respect. She had lost interest in every thing, could hardly ever be persuaded to dress herself and go out for a little air. She was indifferent to persons and things, and described herself as feeling stupefied, benumbed and dead to all excitements.

Taking the physical and moral symptoms into consideration I prescribed *Agnus castus*, 1st decimal dil., ten drops, three times a day. In a

month she reported herself better, and her decidedly improved appearance confirmed the statement. Another month passed, with only one dose a day, and the menses had come only once and without pain—and not preceded or followed as usual by ovarian neuralgia. The medicine was discontinued. The next monthly period was retarded ten days and the flow was perfectly natural. She had become so much larger about the hips, breast and abdomen that she fancied she was pregnant. I saw her lately and was astonished at the change. She is fifteen pounds heavier than she was when she began the treatment. She rarely has any pain, and feels as well, she affirms, as she did before her marriage which occurred eleven years ago.

There seems to have been no proving ever made of *Agnus castus* upon the female system. Let us hope that some of our lady doctors will experiment fully with the drug, and present us perhaps with an invaluable remedy in the functional and organic diseases of their sex.

NO SATISFACTION WHATEVER.

A noted English surgeon says that the reason women can't throw missiles so accurately as men is because their shoulder-blades are set too far forward. This explanation,

however, affords no satisfaction whatever to the man whose wife can score a bull's eye at ten yards on his head with a skillet, twice out of three times.

THE USE OF PESSARIES.

ALBERT G. BEEBE, M.D.

[Professor of Principles and Practice of Surgery and Clinical Surgery in Chicago Homœopathic College.]

I.

It seems, at first thought, almost incredible that any great differences of opinion should exist among educated and experienced physicians regarding the value of pessaries in the treatment of uterine dislocations.

That such differences of opinion do exist, even among well educated and skillful practitioners, we know; and when we reflect upon the amount of accurate *anatomical knowledge*, the clear *apprehension of mechanical principles*, the *inventive ingenuity* and patient *adaptation of means to individual cases*, necessary for the successful use of these various contrivances for maintaining the normal position of the uterus, we cease to wonder that so many fail utterly to comprehend the first principles of this branch of mechanical surgery. It may, however, be confidently asserted that no person has ever achieved marked success in the treatment of these conditions, without mastering, at least, most of the more important principles underlying the use of pessaries. In short these instruments are a *sine qua non* in the successful treatment of uterine deviations. I would not assert that displacements are never relieved or cured by other means, but that, *as a rule*, such mechanical appliances are necessary and indispensable. If our

use of such apparatus is to be scientific and satisfactory it is necessary, *first*, that we have a thorough knowledge of the anatomy and physiology of the pelvic tissues, particularly, and their mutual relations to each other, mechanically and physically; *second*, it is necessary that we should carefully study the mechanism of the various displacements of the womb whether occurring as primary or secondary conditions, i. e., whether the cause or effect of disease; *third*, we must consider what means we may avail ourselves of to correct these displacements the most naturally, certainly, and pleasantly.

It is not the purpose of the present paper to dwell upon the "firstly" and "secondly" to any considerable extent but pass on to the "thirdly" and attempt to give some estimate of the more valuable means for replacing and retaining in proper position a displaced uterus.

We have, of course, two classes of pessaries, i. e., those introduced entirely within the vagina and those extending outside the body and maintained by some external support. The former class are designated as "vaginal pessaries" and the latter as "stem pessaries."

It is not to be supposed, however, that the term "vaginal" indicates that

this class of pessaries depend upon the vagina for their support, but simply that they are contained entirely within the vagina. The tissues which support such pessaries are the bones and the muscular floor of the pelvis while the vagina is allowed to remain as nearly in its normal position and is as little distended as possible. It is in the thorough understanding of these supporting parts and in the mechanical ingenuity to take advantage of their action that the secret of success in the use of such pessaries lies.

Among the different forms of displacement I suppose we are bound, in deference to popular opinion, to consider first *prolapse*. Patients always, and physicians generally,—that is, so many of them as have only a general, vague knowledge of the subject—consider this as the chief if not the *only* form of displacement. What school boy has not heard of “prolapsus uteri?” And what inventor and patentee of agricultural implements has not produced a combined abdominal supporter and uterine “elevator” warranted to cure every imaginable form of “female weakness” or no money refunded? As a matter of fact simple prolapse of the uterus is among the more uncommon forms of displacement. When it does occur in a pronounced form, especially if it shall have arrived at complete procidentia, it is an exceedingly troublesome condition to handle, and may defy not only all kinds of pessaries but all surgical expedients, whatsoever. This

would be, it is true, an exceptional case, and would result from the displacement of other pelvic or abdominal viscera, or the entire loss of the more important uterine supports, as the perineum or the broad ligaments.

Prolapsus is not unfrequently produced by relaxation or distention of the vesico-vaginal or of the recto-vaginal septum, thus allowing their contents to force the bladder or the rectum into the vagina and even out of the vulva, dragging the uterus down at the same time. This prolapse of the vagina is, of course, greatly favored by rupture of the perineum or by great relaxation of the sphincter vaginæ. In such cases the use of any form of vaginal pessary would be practically impossible for the reason that there is no support upon which it can rest.

This would necessitate the resort to some form of stem pessary, and since it is somewhat problematical whether a uterus which has once been completely extruded from the body can be ever again depended upon to maintain its normal position unaided, the selection of a proper pessary is a matter of no slight importance. Even in much less aggravated cases the aid of such instruments will be required for a considerable time, and in order to be successful should be constructed upon strictly correct principles and accurately adapted to the individual so as to be worn with ease and comfort.

All such instruments consist essentially of two parts. The uterine portion, or that which directly supports

the womb, and the external portion by means of which the uterine portion is sustained and kept in place. In the first place it may be assumed as un-physiological that the uterus should be supported by any form of pressure brought to bear directly upon the os or lower portion of the cervix. Such pressure is always objectionable and injurious. Consequently all forms of pessaries which seek to support the womb by means of a cup designed to receive the cervix are radically wrong in principle and should be discarded. If we are asked why pressure by this method is harmful, the answer would be, because, as a clinical fact, we know that pressure applied to this portion of the womb does produce erosion of the os and painful inflammation even when a displaced uterus presses only against the vagina. Again, the uterus is naturally supported entirely by tissues attached above this portion, it is indeed suspended instead of resting upon its apex and the more nearly we can approach the natural method the greater will be our success.

The use of a ring which shall encircle the cervix and so bring its pressure at the utero-vaginal junction is more philosophical but is open to the objection that the uterine neck is liable to become strangulated in this ring unless it be made so large as to unduly distend and weaken this portion of the vagina. Perhaps the least objectionable form would give us a stem having the curve of the vagina, forking so as to send one branch anterior to the cervix and a larger one

posterior, both terminating in rounded crescentic masses whose concavities should not embrace more than two thirds of the cervical circumference.

As to the external means of support, we should seek some point or points of attachment where there will be as little liability to displacement or disturbance from the motions of the body as possible. One class of pessaries widely advertised and doubtless often sold, have a pad two or three inches in width to be applied over the hypogastrium and kept in place by a strap of elastic webbing passing around the body. To this pad is attached a curved rod or wire say eight to twelve inches long bearing upon its other extremity a cup or some such device for supporting the womb. It stands to reason that it would be practically impossible to make any such arrangement, resting upon such a soft and fluctuating foundation as the abdominal parietes, give any efficient support to the uterus with the disadvantage of such leverage against it. If the stem is supported upon rubber cords or tubes attached in front and behind to such a belt, it still is liable to be drawn backward or forward by any motion or displacement of this belt and thus derange the direction of the supporting force and consequently disturb the womb.

If, however, two such rubber bands or tubes pass forward from the lower end of the stem, through the groins to meet two others, passing backward through the glutted folds, at the crest of the ilium, perpendicularly over the

hip joints, and there attached to the patients clothing or a simple band passing around the hips, we have reduced the tendency to displacement to its minimum.

A pessary consisting of a stem, such as described above, and supported in this way, if of suitable size and form to be suited to the patient, might be, I can conceive, a very satisfactory instrument in such cases as cannot be managed by internal pessaries. The elasticity of the rubber supporting-cords being an important element in the apparatus.

In some cases in which the perineum and sphincter vaginæ were not seriously impaired I have succeeded well by the use of a modification of the oval ring, making it somewhat rectangular at its lower extremity and at its upper half, double so as to send one bow in front of the cervix as well as one behind.

The great majority of cases usually classed as "prolapse" are essentially nothing more nor less than retroversion. The uterus is in such cases, it is true, somewhat lower in the pelvis than is normal, but the primary condition is the retroversion, and when this is remedied the prolapsus disappears. It matters little, however, whether we call the condition by the one name or the other since the treatment is about the same in either case.

This brings us, then, to the consideration of the pessaries most useful for the treatment of ordinary cases of retroversion, or as some might prefer

to call it the first stage of prolapse. The term retroversion is preferred by the writer because it is the precedent condition in nearly all cases, and in many, is unaccompanied by any marked descent.

In the treatment of this condition, undoubtedly Hodge's closed lever, with its various modifications, ranks far above all others in general usefulness.

Indeed, when properly formed and adapted to the patient, I should unhesitatingly pronounce it *the most perfect of all pessaries*—a model of scientific simplicity.

In order to thoroughly understand the principle upon which this instrument acts it is necessary to thoroughly comprehend the physiological relation of the parts involved. In front we have the pubic arch with the urethra emerging from behind the bone at the apex of this arch. Extending obliquely backward and downward and bounding laterally the vaginal orifice are the muscular columns of the sphincter vaginæ, terminating posteriorly in the perineum, and expanding laterally into the muscular floor of the pelvis. The anterior wall of the vagina is short and rises nearly perpendicularly to its attachment rather low down upon the uterine cervix, while the posterior vaginal wall, being much longer, passes back more horizontally from the vulvar commissure, then sweeps upward and forward to be attached rather high up on the cervix, nearly opposite the os intumum. The ostium vaginæ thus looks down-

ward and forward; the perineum approaches the pubis making this opening much longer in its transverse diameter, the anterior and posterior vaginal walls being approximated in the same manner.

A perfect pessary should correspond accurately to the natural curve of the posterior vaginal wall, and should lie within the vagina without distending it in any direction. Its anterior extremity, to the extent of half an inch or so, should curve downward so as to engage slightly under the pubic arch, and should be just wide enough to be retained easily. It should also be so formed as to avoid producing pressure upon the urethra. When the pubic arch is narrow and the muscles firm, the Albert Smith modification works admirably; but in many cases this would not be retained and it may even be necessary to make the front of the instrument quite rectangular and as wide as two inches, in extreme cases. The body, or horizontal portion, should be nearly straight, and this should merge into the greater curvature, comprising nearly one-half of the whole and forming something less than the quadrant of a circle. The superior extremity should be neither too narrow

nor too pointed, but a rather flattened curve, transversely.

When in position and subjected to pressure from above, the anterior extremity is deflected downward by the pubic arch and, as the body of the instrument rests upon the perineum or floor of the pelvis, the upper extremity is thus thrown upward and forward by a lever action and, of course, carries the uterus with it. The uterus, also being supported by its posterior vaginal attachment alone, and being held down somewhat by the anterior vaginal wall, naturally tends to drop forward by its own weight.

Some care, and perhaps repeated trials, may be needed to adjust the length of the pessary so as to accomplish just enough and not too much. In some cases the anterior vaginal wall is so lax as to allow the uterus to rise up and ride over the top of almost any pessary that can be employed, however long. Indeed, if the pessary is so long as to straighten out the fornix, it prevents the pouching upward of the vagina behind the uterus and defeats its own object.

The Albert Smith pattern develops the lever action much more fully than any other and is therefore superior when it is practicable.

THE DOG.

The dog who loves to bark and bite
Who sleeps all day and barks all night—
(Oh hit him with an aerolite!)
Of him I write.

He lives a life of languid ease—
He sometimes loves to bark up trees—
He hath his idiosyncracies,
And likewise—fleas.

ALLOPATHIC SCIENCE.

GEO. E. SHIPMAN, A.M., M.D., CHICAGO.

Our allopathic friends like to claim all the good things as theirs—especially all the *science* of medicine—while they know very well, at least the reading ones do, that physicians, in all ages, have deplored the uncertainty of medicine. It may be said, "True, but, of late years, Medicine has become a Science," but Dr. Martiny (*Bibliothèque Homœopathique*, Apr., 1877,) has been giving some lectures in Brussels in which he states the views of various teachers of eminence on this point, and all the names will be recognized at once as those of men of our day and prominent in the allopathic school.

WUNDERLICH, 1852—Instead of exact observations we nowhere see anything but hastily taken notes; instead of demonstrated principles, we have mere notions; instead of a strict exposition of the cause of effects, we have useless definitions. *Words void of sense or meaning.* That is what we find everywhere.

HENCKER—We should not deny that our ignorance is great. We have as yet no *physiology*. *We do not know what is disease, how remedies act, and, still less, how diseases are cured.* We must abandon the way which has been thus far followed.

RICHTER—No science contains so many sophisms, errors, dreams and lies as medicine.

VOGEL, 1871—The best evidence that drugs do not *meet what is expected of them is that we are constantly in quest of new ones.* If we had reason to be satisfied with their curative action, *we should not seek others in every corner of the globe.*

New modes are continually arising and only show that the old ones *were worthless.*

Many patients who are really treated abusively or nonsensically, get well nevertheless, because active nature struggles *not only against the morbid principle but also against the remedies of the doctor.*

SCHOENLEIN—Since the times of the Greeks and Romans medicine has made *no* progress or hardly any. It should be entirely reconstructed upon *entirely new bases.*

Professor BOCK—Have no confidence in physicians, who, after a summary examination, after having felt the pulse and examined the tongue, wish to prescribe for you so-called *fortifying* remedies for the nerves, for the stomach or other parts; nor in those who by means of drugs seek to annihilate the *bad humors* of the blood; to cleanse the obstructed organs, or to relieve them by purgatives; nor in those who prescribe remedies for you the name of which begins with *anti—anti-scorfulous, anti-hæmorrhoidal, anti-choleraic, etc.*

MAGENDIE—Be sure that the disease follows its course, as a general thing, without being influenced by medication directed against it. . . .

If I dared to say just what I think, I should add that it is *chiefly in the service where the medication is the most active that the mortality is the greatest.*

The same Magendie said to his pupils one day in a manner no less sincere, "Gentlemen, Medicine is Charlatanism."

BROUSSAIS—Medical science resembles superstition and every kind of charlatanism.

MALGAIGNE—Complete absence of scientific doctrines in medicine, absence of principles in the application of the art: this is the state of medicine.

DE BREYNE — Physicians execute you learnedly, conscientiously and promptly.

Professor RAMAGE, of London—We can not deny that the medical science of the day is a shame to its professors. Can we call science a series of crude and doubtful theories? How often do they aggravate the state of the patient! I affirm, without hesitation, that, in the great number of cases, the patient would have been much *safer without medicine.*

JOHN ELDERTON—*We are all charlatans, dosers and empirics.* We hide our great ignorance behind expressions incomprehensible to the patient.

Dr. JOHNSON, editor of the *Medico-Chirurgical Review*—I declare in the sincerity of my soul, and after my long experience, that there would be *less*

disease and less mortality if there had never been doctors, nor surgeons, nor accoucheurs, nor pharmacutists, nor drugs.

Professor GREGORY, of Edinburgh—Gentlemen, ninety-nine times in a hundred the facts in medicine are *lies*, and medical precepts are, in most cases, *veritable absurdities.*

Dr. GOOD—Medical science is a literal *nonsense*; the action of remedies upon the human body is very uncertain. Drugs have destroyed more lives than war, pestilence and famine combined.

TROUSSEAU—Therapeutics and materia medica are, in our day, in the chaos of a transition.

VIRCHOW—We have no rational therapeutics.

WUNDERLICH said to his pupils one day: Gentlemen, there is such a chaos in our therapeutics, that we ought to be thankful for any good advice whether it comes from an old woman, a shepherd, a blacksmith or even a homœopath.

We read in the *Medicine de Vienna* (1865): We are working hard on the Tower of Babel of therapeutics. What one advises is forbidden by another; what one gives in large doses, another gives in small; this one extols a remedy, which is despise by another. A confusion, a contradiction, a chaos without parallel.

NIEMEYER—We must really agree with Bamberger, who thinks that the greater part of patients who die, of endocarditis even, have succumbed, not to the disease but to the remedy.

If the pleximeter and the stethoscope enable us to recognize many cases of endocarditis to-day which otherwise would have eluded our diagnosis, its treatment, alas! has made no progress; moreover, if the proof of the ex-

istence of this disease inclines the physician to act with energy it would have been better for the patient if his physician had not known how to auscult him.

THE ABSORPTION PROCESS.

E. M. HALE, M.D.

[Professor of Materia Medica and Therapeutics in Chicago Homœopathic College.]

The title to this paper will be understood by referring to my article entitled "The Critical Period for Homœopathy." I there alluded to the rapid absorption by the dominant school of all our best and cherished remedies. I do not record this fact with feelings of regret—the use of our remedies by them is not to be regretted, for suffering humanity may thereby be benefited. But it is with regret that I have to record the utter want of principle—the barefaced effrontery, with which they appropriate our remedies, totally ignoring the fact that all that is known about them of any practical value has been painfully evolved by the labor of the adherents of homœopathy.

As an instance, I find in the last number of *New Remedies*, a medical periodical published by Wm. Wood & Co., the following from the pen of Dr. James R. Leaming, (allopathic,) of New York.

I give the article in full, with comments such as it seems to demand:

THUJA OCCIDENTALIS.

We have recently received a number of queries relative to the nature and uses of the *arbor vitæ*, and in our last number we gave formulæ for its preparation. Since then we have solicited from Dr. James K. Leaming, of this city, some information regarding it, and have received in reply the subjoined memorandum. Dr. Leaming is by no means an enthusiast concerning the value of the remedy, and does not claim for it any extraordinary powers, but he has for some years past been accustomed to use it occasionally, and says concerning it as follows:

The fluid extract or saturated tincture may be given in drachm doses from three to six times daily.

It may be given for malignant disease or for pulmonary hæmorrhage in a glass of milk or in cod-liver oil.

The elixir of *Thuja* and glycerine is a more elegant mode of administering the medicine, and is a valuable substitute for cod-liver oil.

Thuja has not played an important part in the homœopathic therapeutics of diseases of the respiratory organs. The only indications given by Hahnemann for its use in diseases of the lungs was, when the patient was the victim of constitutional sycosis. In the exhaustive Vienna provings, collected and published by Mayrhofer, there are many suggestive throat,

bronchial and chest symptoms. From analogy Thuja ought to be an excellent pulmonary remedy. All the *Coniferae* (Pine family) to which it belongs show a general good reputation in pulmonary diseases. The Pines, Junipers, Cedars, Savines, Spruces, etc., are used successfully in bronchitis and hæmoptysis. The Thuja tree contains constituents of the same character as are found in its relatives. It is also an analogue of Turpentine and Copaiva.

It may also be applied to cancerous ulcerations or tumors. It may be applied in the cavity—in the os—or to the cervix of the uterus in malignant disease, or in non-malignant, when there is a flabby condition of the parts with a tendency to bleed; and also, under the same conditions, to the throat. It may be applied to warts, and especially to venereal warts.

Homœopathic provers and physicians were the first to recognize the affinity of Thuja for the generative organs. Its use has, however, been too much restricted to diseases of the *male* organs. Any remedy which affects specifically the testicles, will similarly affect the ovaries. The provings show that Thuja irritates the ovaries, as well as the testicles. The penis and urethra are homologous with the uterus and vagina. Thuja causes blennorrhœa of all these organs, much more so than many remedies which are in daily use for leucorrhœa, vaginal or uterine. As a topical application, I have for years used it either by enema, or upon tampons. It is far superior to Calendula, and rivals Hydrastis. It ought to act even better than the extract of Pinus Cana-

densis, which is so highly lauded by gynæcologists.

It may be given in amenorrhœa from simple causes, but does not affect a healthy gravid uterus.

Dr. Benedict recommended the strong tincture as an emmenagogue.

The Vienna provers thought that Thuja caused alternating effects on the female sexual organs, but a careful study of the provings show that it was proved in massive doses, and in the attenuations. Some provers thought it depressed the sexual functions, others thought it excited them. Dr. Mayrhofer thinks *diminution* the more general effect, with scanty or retarted menses. My opinion, based upon observation, and its analogy to such remedies as Sabina and Juniper, compels me to dissent. In full pathogenetic doses it certainly causes effects quite similar to Turpentine, Sabina and Abies. Thuja is used by the country people in the form of infusion in amenorrhœa or suppressed menses. It is not so powerful as Sabina, but is fully equal to Pulsatilla in restoring the menses. There are indeed many points of resemblance between this remedy and Pulsatilla. It *primarily* causes *uterine and ovarian congestion; uterine and vaginal catarrh; menorrhagia, and excites sexual desire*, and is doubtless capable of causing *erosion and granulation of the os and cervix*. *Secondarily*, it causes just the opposite, namely: *Uterine atony; scanty and delayed menses; sterility, impotency, etc.*

Try it in small (attenuated) doses in the former condition, applying very weak solutions to the diseased sur-

faces. But if prescribed for the secondary conditions, the lower or lowest dilutions will have to be used.

Dr. Leaming further goes on to state that

The glycerole may be made into suppositories, or it may be mixed with the fluid extract, for application to the os uteri upon a pessary of cotton.

This medicine may become very useful to the practitioner in the treatment of malignant disease, especially in diminishing tendencies to bleeding and rapid progress of the local disease. It also relieves the violence of pain. In some cases the disease has disappeared under its use—not always.

Some years ago Dr. Leaming contributed to the *N. Y. Journal of Medicine* (N. S., xiv., 406,) a paper on the use of thuja in affections believed to be cancerous, and in venereal excrescences.

Will Dr. Leaming dare to assert that he did not *steal* all his knowledge of the uses of Thuja from our school? He knows very well that before Hahnemann, *absolutely nothing* was known of the virtues and uses of this drug. He doubtless consulted the volume of New Provings, edited by Dr. Metcalfe, and published by Radde in 1853. Dr. Leaming's paper was published years after. And yet Dr. L. has the impudence to say in his article, "The literature of the drug is quite limited." When will these allopathic thieves learn common honesty and common decency?

Witness, as an example of mendaciousness without a parallel, the following:

Thus far thuja appears to have been employed empirically only, but it would seem, on reviewing the affections in which it had been of service, that its action may be explained by a property somewhat similar to that possessed by ergot, namely, of causing contraction of unstripped muscular fibres. This would ex-

plain, in some degree, its alleged power of controlling capillary hæmorrhage, and the growth of vascular tissues like cancer and condylomata.

Disraeli in all of his wonderful work on the "Curiosities of Literature," does not record a more atrocious theft, than Dr. Leaming's, from the works of Hahnemann and his adherents.

TRITURATIONS.

Not content with appropriating our medicines about which they have laughed and sneered, the allopaths now appropriate our pharmaceutical processes, which not long ago afforded them unlimited sources of ridicule. In the latest edition of "Parish's Pharmacy," that author with asinine gravity recommends that "small sugar globules be saturated with definite quantities of the powerful alkaloids, such as Atropine, Strychnia, etc." And now comes one Dr. H. G. Pifford who reads a paper before the New York Academy of Medicine, (Allopathic,) "*On the use of certain triturations.*"!! Shades of allopathic fathers! Why did ye not rise and shatter the audacious disturber of your slumbers? Why did not the whole Academy rise, to a man and drive him howling from the meeting? Hear what he had the boldness to propose, and a greater boldness, to give credit to homœopathy for the introduction of the process of trituration:

He showed first the chemical and medicinal value of highly subdivided drugs, then, what specimens of triturated medicines are in use by the regular profession, and their advantages over medicine in the crude form; then what medicines of a determined therapeutical value were in use by homœopaths in the form of triturations; then what propriety there is

in using these remedies within strict and reasonable limits of subdivision. Whatever the regular profession has refrained from using that is demonstrably of value in the curative art, and whatever the form of using the same that is the most efficient in its action, should be adopted without reserve on common sense principles.

The professor maintained that the new pharmacopœia should certainly be enriched by the results of definite experiments, to the clinical use of many drugs that are now avoided by the profession, and their powers in the triturated form be ascertained and recorded. The mercurial preparations in use, afford striking instances of the enhanced medicinal power of small and highly comminuted doses. So do many other drugs which the doctor mentioned. He held that should these triturations become (as they should) *official*, they could be prepared by the machinery in use for that purpose, and be, thereby, vastly more perfect in their composition, than if they were made in the hap-hazard way that would be in vogue, were they withheld from the list of official preparations. Many specimens of approved triturations like Pulvis Ipecacuanha Comp. and Hydrarg. Gum Creta, are found to differ in a marked degree as made by hand by different apothecaries.—*Transactions of N. Y. Academy of Medicine*, No. 1, 1877.

Anything can happen now! We may expect soon to hear that allo-

pathic professors will vie with each other in recommending "minute and frequently repeated doses;" "in the uses of Colocynth for colic;" "on the value of inappreciable doses of poisons in severe diseases," and finally, "on the value of pellets moistened with weak solutions of medicine, for use in case of sick children," and so on *ad infinitum*, until so far as dose, method of preparation, and even a partial admission of our law of cure, it will be next to impossible to tell by their medicines, at least, a modern allopath from a modern homœopath. Of course there will remain extremists of both schools, who will stand aloof from their advancing brethren, crying, "I am holier than thou."

Again I ask, as in my former article, *What are you going to do about it?* Let some one rise and answer the question.

HOMŒOPATHY ILLUSTRATED

SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into these columns by the law written above, the facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrators and forward them to the editor.

17.

CONSTIPATION.—BRYONIA ALB.

B. C. Case, Homœopathist, N. Y.

Mr. C., aged fifty-nine, called at my office in June, 1868. He looked sad and forsaken, a picture of despair. He might have been set down as a dyspeptic without asking any ques-

tions. I noted the following symptoms: Little appetite; distress in the stomach after eating; flatulence; more or less pain in the bowels; weakness and pain in the back, aggravated by exercise; *obstinate constipation, bowels would not move unless he took physic.*

He had a dull frontal headache, with pressure and fullness much of the time. He was dispirited and melancholy and discouraged trying to get relief, for nothing was lasting in its effects. I assured him permanent relief if he would follow my directions and *stop taking physic*.

I gave him Bryonia 6, three times a day. In a few days he returned looking and feeling much better, but said his bowels had not moved. I directed him to continue the medicine, and use injections of tepid water. In a few days I saw him again. He had a good appetite, ate hearty, food did not distress him, felt stronger and better every way, but could not get his bowels to move much. Continued Bryonia and ordered him to use enemas of water in large quantities. At his next visit he reported a movement every other day, and soon every day. He was under my care about four weeks at the end of which time he was well, and happy to be relieved of his trouble. Some months after, he came into my office and after a little chat, he says, "Doctor, when I came to see you I did not tell you half. I told you that my bowels would not move without physic, but when I commenced taking your medicine *my bowels had not moved in twenty years* without taking it. I had tried so long, and so many *doctors*, I was completely discouraged. I did not believe in homœopathy, but it done in a few weeks what the old school practice for twenty years failed to do." In this case Bryonia was indicated for

every symptom the man had—the cure was complete and permanent.

No matter how long a disease has existed, if the remedy chosen is strictly homœopathic it is sure to cure. We sometimes fail to get a remedy that presents a perfect similitude of the symptoms, then we fail to cure.

19.

LYCOPodium.—LEUCORRHOEA.

J. P. Mills, Chicago.

Mrs. A., an English lady of thirty-three years, with red hair, ruddy complexion, and slightly freckled, complained that for several months she had been suffering with a leucorrhœal discharge, that at this time it was so bad that she could scarcely bear herself. The discharge was *profuse, greenish, thick, corrosive*, offensive, was very difficult to wash off, as it would form in sort of crusts over the parts, causing burning-itching, which was very distressing. Frequent urination, the urine being scanty, scalding, and strong smelling. Throbbing as if in the womb. The menses were scanty. Hot flushes, which she had been subject to more or less, for some years past, were very troublesome. She had noticed occasional *discharges of wind from the vagina*. Her appetite was deceitful "*the least quantity of food filling her up to the throat*." The feet were usually cold yet at times the soles would burn like fire.

Prescribed Lycopodium 200, three powders, to be taken on successive evenings. The whole condition was completely cured in the space of two weeks.

EDITOR'S CABINET.

It will be seen by the *resume* of the contents and scope of the first volume of the HOMŒOPATHIST (on the closing pages of this issue,) that it is a live, progressive, and thoroughly loyal Homœopathic journal. It is neither too conservative nor too radical; is not the organ of any section, clique, or "ring," but aims to be catholic and scientific.

The future of the HOMŒOPATHIST is now fully assured and it will be the aim of its editor and publishers to make the numbers for the year 1878, fuller of useful, practical articles, than any other journal of its size. A great deal of invaluable matter can be given in forty or fifty pages.

What has already been accomplished in the past, shall be advanced in the future; more, we expect to attain a much greater height in medical science, not a height above the profession—above the practical, but we are almost daily making acquaintance with the most trusted and prominent men of our school, who have homœopathy in *brain and heart*, these

promise to share with us their experience, and thus the subject matter *will be* varied and progressive.

From the beginning, the management decided that the great desire of our school was for *practical literature*, such as would be of value to the earnest student and to the physician at the bedside of the sick; they decided to admit no polemical articles, nor any of the personalities which has so often disgraced and injured our literature. Only practical articles will be admitted, and all disputations eschewed. The still vexed subjects of dose, repetition, and other minor tenets of medical belief, will be relegated to those journals which delight in such encumbrances.

"Perfect freedom of opinion and action," the noble words of the lamented Dunham, will be a rule of action of the management. We only *insist* that that the Eternal law of cure, *similia similibus curantur*, shall be the guiding *belief and practice* of those who write for the AMERICAN HOMŒOPATHIST.

MEDICAL MEMORANDA.

ITEMS OF INTEREST.

The Third meeting of the Illinois State Board of Health, for the examination of practicing physicians who come under the provisions of the Medical Practice Act, was held in Galesburg, Ill., Dec. 6th and 7th. There were eighteen candidates, of whom two retired before the examination was finished, and eight were passed. There were one hundred and forty written questions, beside the oral examination. Several of the prominent local physicians and a few from other states were present to witness the proceedings and the examination. Some of the members were

constantly occupied in verifying diplomas. After mature deliberation, and the taking of testimony under oath, the board decided not to recognize the diplomas of the St. Louis Homœopathic Medical College. The status of other medical schools is under consideration.

Messrs. Boericke & Tafel having been urged, during a number of years, by their many friends and patrons to open a branch pharmacy at some easily accessible and central point in the south, announce to the profession and their friends in general, that, agreeably to these repeated invitations, they have now

established a homœopathic pharmacy in the city of New Orleans, at No. 130 Canal street, where a complete stock will at all times be maintained. In connection with the pharmacy, they have established a neatly fitted-up reception-room for the convenience of physicians, where a complete file of the AMERICAN HOMŒOPATHIST and all homœopathic journals will be kept for perusal.

The position of house-surgeon of the New York Ophthalmic Hospital, will be rendered vacant on May next by the resignation of the present incumbent. It will be filled by a competitive examination before the board of surgeons on March 4, 1878. Any physician in good standing is eligible to the position. Further particulars may be obtained from any member of the board of surgeons, or of Alfred Wanstall, resident surgeon.

We have received a sample of "New Food, for Adults," prepared by J. W. Horlick & Co. This will be a very valuable agent. We have given it to patients when they were so ill that the stomach would reject any other nourishment we could devise, and yet this would remain with them and tide them over a very critical period. These gentlemen formerly sold their "Food for Infants," for the same purpose, and it answered very well but by constant experiments and experience they have perfected a food more suitable for adults and yet as delicate. A food that can always be at hand, prepared in a moment, without trouble, possessing such intricate properties, certainly will be a conspicuous aid to the practitioner.

The annual meeting of the Homœopathic Medical Society of the State of New York will be held in the Common Council chamber, Albany, Tuesday and Wednesday, Feb. 12th and 13th, 1878, for the election of officers, reports of committees, etc., and the transaction of such other business as may legally come before it.

It is hoped that there may be a *full* attendance, as it is expected that matters of *vital importance* will be considered, and is desirable that a full expression of opinion may be indulged in by members of the society, and thus

secure the most careful deliberation and mature judgment in the decision of matters of *momentous import*.

Members of the profession, whether delegates or otherwise, are *earnestly* invited to participate in the meeting, by presenting essays, etc., either in person or through another. The undersigned will be glad to learn the titles of papers proposed to be read as early as possible.—*Alfred K. Lills*, Rec. Sec.

"Demonstrated Materia Medica," is the title of a new work now in preparation by W. J. Baner, M.D., of New York.

Hoynes's Clinical Therapeutics, Part IV., is ready for delivery. This work is growing into general favor among the profession; judging from the increased sales of late.

PERSONALS.

Dr. E. A. Gatchell is practicing in Milwaukee, Wis.

Dr. W. W. Gleason has removed from Gardner, to Madden, Mass.

Dr. Fred. W. Byers, formerly of Lena, Ill., has located at Monroe, Wis.

Dr. S. W. Rutledge, has removed from Cresco to Nora Springs, Iowa.

Dr. E. H. Grannis, has removed from Chatfield, Minn., to Menomonee, Wis.

Dr. C. A. Doran has located at Jacksonville, Fla., for the practice of homœopathy.

Dr. Geo. C. McDermott, has located at Milwaukee, Wis., formerly of Warren, Pa.

Dr. Clark De Muth has changed his quarters from Fowler, Ill., to Ann Arbor, Mich.

Dr. H. C. Suess has removed from 429 North 11th to 146 North 6th st., Philadelphia.

Dr. H. P. Gatchell formerly of Highwood, Ill., has located for the winter at Mt. Airy, Ga.

Dr. A. P. Davis has removed from Paris, Ill., to a larger field of practice, Terre Haute, Ind.

Dr. A. M. Cross has removed from Magnolia to Missouri Valley, Iowa. This leaves Magnolia without a homœopathic physician.

PUBLISHERS' PARAGRAPHS.

We commence with the January number, the second volume of the *AMERICAN HOMŒOPATHIST*; and our professional brethren will readily understand that in celebrating this event by an enlargement of its dimensions we give a forcible illustration of our unbounded confidence in its future prosperity, and our fervent gratitude for the many substantial tokens of appreciation we have received; and we assure them that, in the future, no pains or reasonable expense will be spared to make the *HOMŒOPATHIST* attractive in appearance as well as to fill its pages with instructive matter. Our efforts have been so successful that it is now a regular monthly visitor to a large proportion of Homœopathic, and not a few Allopathic, practitioners. Its value as an advertising medium is best attested by the large and increasing patronage we have derived from those who can bear testimony on this point from practical experience. We do not intend, however, to suffer business announcements to encroach upon the space devoted to reading matter. From time to time we shall add new typographical features, which we hope will be considered improvements. Notwithstanding the new attractions the subscription price will remain at two dollars a year, although prompt payment will be insisted upon. Six numbers constitute a volume, each volume containing (with index,) *three hundred* double-column pages, making two volumes a year with a total of six hundred pages. Volumes commence with the July and January numbers.

All postage is prepaid by us.

Blue-cloth binding cases, with full title in gold, made expressly for this journal, will be forwarded to any address for twenty-five cents (in stamps). Any bookbinder will bind your back numbers, with this case, at a nominal price (in Chicago, twenty-five cents). These

cases will be furnished with each volume at the price named, postage paid, and may be ordered when wanted.

Subscribers wishing to bring the *HOMŒOPATHIST* to the notice of their friends, can have *specimen copies without charge* mailed directly from this office, by sending the address to us.

Our New York office has been removed from No. 37 to No. 23 Park Row.

Always state with what issue you desire your subscription to commence.

Subscribers who have not received *all* back numbers, will confer a favor by informing us immediately.

Postage stamps of the 2-cent or 3-cent denomination may be used when necessary to remit fractions of a dollar.

In addressing the publishers, please give your Post Office, County, and State, with name of street and number (if any), in full.

In remitting for single subscriptions it will usually be safe to send in a *well-sealed, plainly-directed* envelope; but in sending larger sums always procure a Post Office Money Order or send in Registered Letter.

Subscribers will oblige us by renewing their subscriptions a short time before they expire. This saves us the labor of erasing the names and re-entering them upon our books, and also insures the prompt receipt of the journal by the subscriber.

Subscribers and correspondents will confer a favor by being particular in writing their name plainly. Care in this respect will save us much time in deciphering illegible writing, and prevent many annoying and unavoidable mistakes. Names and places familiar to the writers are not so to us; a little care on the part of the writer would save us much valuable time.

"AMERICAN HOMŒOPATHIST."

This comparatively new periodical has been received with such unusual favor by the profession that the publishers feel encouraged to precede the second volume, which makes its appearance with the new year, with a sort of a *resume*, or rather, glance at one or two out of the many important articles which have appeared in each number of Volume I.

JULY.

We first open upon the editor's salutatory, all of which is pertinent, and has lent actual shape to the editorial management. The following paragraph, being an extract from it, will present one feature of its loyalty to the cause:

"We take it that 'homœopathist' means, one who believes in and applies Nature's grand law, '*Similia Similibus Curantur*.' Nothing more; nothing less. If a man must needs pass through a long school of experience, like that of Hahnemann, before he can accept the efficacy of the minute dose, he is none the less an homœopathist. We honestly think, however, that his success and usefulness would be far greater could he accept such an experience early in life. It will not be our province to berate men of this kind, who may be honestly applying the law as they deem best, but to place such light and facts before them as will indicate a better practice—a purer homœopathy, meanwhile giving due credit to the successful application of '*similia*' in whatever dose, will be within the scope of this journal."

Dr. C. H. Vilas, writes on the use of "Mydriatics in Diseases of the Eye." The writer points out clearly the usefulness of these valuable agents. Dr. Mills, the editor, in the same number, presents an eminently practical article on "Remedial Indications in Infantile Diarrhœa," based on an experience of three years as physician to the Chicago Foundlings' Home, and the constant attendance upon from fifty to one hundred babies. This article will doubtless be referred to often, as the indications therein given "have been carefully observed and repeatedly verified." Dr. R. N. Foster advances a new and efficient expedient to control Ante-partum Hæmorrhage, viz., by pressure on the fetus, giving successful clinical experience and describing clearly the *modus operandi*.

AUGUST.

Professor Woodyatt, opens this number with "Blepharitis," in which he compares the relative usefulness and symptomatic indica-

tions for Merc. sol., Graphites and Petroleum, in that most troublesome complaint. Dr. Hoyne gives the therapeutic range of Staphysagria, a remedy very much neglected by many physicians. Dr. Hoyne is the author of Clinical Therapeutics, a valuable book. Dr. Burt advances a theory, which he says is supported by fact in his practice, that exclusive milk diet is a prophylactic against scarlatina, and Dr. E. M. Hale points out the dangers that may arise from such a diet, owing to the facility with which milk absorbs septic, as well as other poisons, and advises instead, "koumiss." Dr. A. G. Beebe writes a most scholarly and practical article on the "Artificial Feeding of Infants." The author of this shows acquaintance with his theme, having for years studied with the idea foremost that the nearer natural mother's milk can be attained the more safe will be the substitute, this end, in short, is accomplished by a certain mixture of Ridge's food with cow's milk, not, however, as directed on the label.

SEPTEMBER.

Dr. Hale gives copious notes on some of the newest remedies, introducing some valuable ones to the notice of physicians. A new feature in medical journalism is in this number introduced, viz., "Homœopathy Illustrated." Typical cases from practice, cured by the single remedy, with the characteristics plainly set forth, being the illustrators. In these columns are found some sixteen beautiful clinical cases. An Editor's Cabinet is opened in which appears timely observations on topics of general interest and discussions pertinent to that office. The Cabinet is a valuable addition.

OCTOBER.

Dr. H. V. Miller, presents a Review of Various Authorities on Leucorrhœa, both as to cause and remedy; this compendium as reference saves much labor and library. In this number is an analysis of the new remedy, Jaborandi, by Prof. E. A. Farrington, comparing it with some of the older remedies. Two exceedingly interesting cases of thrombosis of the middle cerebral artery are reported by C. N. Boyce, giving the treatment, which was partly successful. A surgical clinique by Chas. Adams, on Gonorrhœa, gives some successful treatment, which is quite welcome from the fact that that disease is so often mismanaged.

NOVEMBER.

Dr. E. W. Beebe gives a paper on the Necessity for the use of Local Applications in Chronic Catarrhal Affections of the Uterus. In this paper the author strongly recommends the cloth-tent, saturated with the appropriate

remedy. This paper alone is worth the price of the HOMŒOPATHIST for several years. A very suggestive—almost startling—article in this number, is one by Dr. E. M. Hale, entitled *The Critical Period for Homœopathy*. No one can read this, containing as it does the proofs of the encroachments of other schools upon homœopathy, without giving rise to serious thoughts. The future of homœopathy is involved in some doubt, the author believes; not that it will ever die, but he fears that it cannot always sustain its distinct isolation. Dr. Sherman, of Milwaukee, an eminent pharmacist as well as physician, gives his views on the Strength of Homœopathic Tinctures. A subject of much more importance than the majority of our school suppose.

DECEMBER.

Prof. Chas. Adams, in his surgical clinique, gives a rational treatment of syphilis. Dr. Gatchell gives the details of a brilliant cure of cirrhotic kidney, by Plumbum. Dr. J. P. Dake speaks feelingly of the death of that noble man and physician, Dr. Carroll Dunham. Dr. Hawkes laments the neglect, by some routine practitioners, of our materia medica. Dr. W. A. Edmonds, of St. Louis, gives an excellent article on Infantile Dietetics. Dr. J. G. Malcolm treats understandingly of Uterine Displacements. Dr. O. B. Cumbacker gives a cure of neuralgia with Pulsatilla, a most disappointing remedy, unless we understand its true sphere of action and rightly estimate its characteristic symptoms. Dr. Foster reports some very interesting cases of obstinate vomiting during pregnancy, caused by retroflexion of the uterus, and its prompt cure after removing the cause. Dr. Breyfogle reiterates his previous assertions that Musk is a specific remedy for some of the manifestations resulting from the Opium habit. Besides these leading articles there are many happy illustrations of the homœopathic law, in reported cures by single remedies.

OPINIONS.

It is good.—M. J. L. Burchard, Princeton, Ky.

Worth double the money.—E. Ballou, Nunda, Ill.

It is well worth the money.—W. H. Parsons, Burlington, Iowa.

Am glad to see such a live journal.—A. R. Barrett, Nashville, Tenn.

I like the spirit and grit of the journal.—S. W. Green, Manchester, Ia.

It seems to have the ring of the right metal.—L. Shafer, Kingston, N. Y.

One number is worth the subscription.—Mrs. S. Nichols, Albany, Oregon.

I feel that I can hardly afford to be without it.—E. F. Smith, Wrrpping, Conn.

A model of neatness, and its name just right.—J. Arthur Bullard, Wilkesbarre, Pa.

Here is the dollar—its a good thing—I want it.—W. D. McAfee, Rockford, Ill.

Appearance good; subject matter most excellent.—E. A. Farrington, Philadelphia.

It promises to be a valuable addition to our literature.—A. P. Bowie, Uniontown, Pa.

It bids fair to be the best journal of our school.—T. F. Sumner, Hyde Park, Mass.

I think that it promises to be a live little magazine.—W. W. Gleason, Gardner, Mass.

The journal more than comes up to standard, is superior.—E. W. Charles, Nevada City, Cal.

I congratulate you in your undertaking. It is a *live* journal.—J. Deetrick, Georgetown, D. C.

Compares more than favorably with any western publication.—Eugene F. Storke, Milwaukee.

Its clean appearance and happy contents are a recommendation.—Wm. H. Poring, Allentown, Pa.

Like it very much indeed, better than any other I have ever seen.—H. L. Godden, Petersburg, Ill.

Let it live. I wish it a long life. It is characteristic of the great west.—Chas. Winterburn, New York.

The AMERICAN HOMŒOPATHIST will take a front rank among our medical literature.—H. V. Miller, Syracuse, N. Y.

I like its appearance very much. It has the appearance of being what its name indicates, an *American homœopathist*.—Wm. A. Shaffer, Xenia, Ohio.

Am very much pleased with the journal, one article, which I find in it, I consider alone worth more than the price of a year's subscription.—W. C. Welch, Jr., Manchester, N. J.

I regard your venture so far as appearance (typographical) and subject matter as unequalled in any single number of any magazine I ever read.—E. P. Grego, Milford, Conn.

Of all the medical journals, nine in number, which I receive weekly or monthly, none do I read with more pleasure and interest than the AMERICAN HOMŒOPATHIST. It is deserving of a conspicuous place in the library of every physician.—J. F. Frantz, Wilmington, Del.

SHARP & SMITH,

MANUFACTURERS AND DEALERS IN

Surgeons' Instruments

AND

PHYSICIANS' GOODS.



WESTERN AGENTS FOR

Geo. Tiemann & Co.'s Celebrated Surgical Instruments,

And Jerome Kidder's Batteries,

Manufacturers and Importers of

ALL KINDS OF SURGEONS' INSTRUMENTS AND APPLIANCES

FOR THE

Mechanical Treatment of all DEFORMITIES, Debilities, and Deficiencies of the Human Frame.

ARTIFICIAL ARMS AND LEGS.

No. 100 RANDOLPH STREET,

Between Clark and Dearborn Sts.

CHICAGO.

INSTRUMENTS AND BATTERIES REPAIRED.

HAHNEMANN

HOMŒOPATHIC PHARMACY.

No. 35 Clark Street, Chicago.

H. N. SMALL.

Homœopathic Books AND Medicines

TINCTURES, TRITURATIONS,

Sugar of Milk, Pellets, Dilutions, Family Cases, Etc,

BINDING CASES

BLUE CLOTH,

WITH FULL TITLE IN GOLD, MADE EXPRESSLY
FOR THE

American Homœopathist

WILL BE FORWARDED TO ANY ADDRESS, POSTPAID, FOR

Twenty-Five Cents,

POSTAGE STAMPS MAY BE USED IN REMITTING.

Any bookbinder will bind your back numbers, with this
Case, at a nominal price

ADDRESS YOUR ORDERS TO

A. L. CHATTERTON & CO.,

PUBLISHERS,

23 Park Row, New York.

121 Dearborn St., Chicago.



TO THE
HOMŒOPATHIC MEDICAL PROFESSION.

SIR: We invite your attention to Ridge's Food as an article of diet for Infants, Growing Children, and Invalids, which is supported by the flattering testimony below. Hoping the same will meet with your approval and kind recommendation, we beg to remain,

Respectfully,
WOOLRICH & CO.

From the United States Medical Investigator.

We have often had occasion to refer to the merits of Ridge's Food. Its place is with the thin, scrawny, vomiting, diarrhetic children, particularly. It will agree better than any other farinaceous food we know of. We should not like to be without it. For the invalid it stands without a rival, as far as we know. It is endorsed by some of the most eminent medical men and should be well known to all of our readers.

DUBUQUE, Iowa, Dec. 9, 1875.

Messrs. WOOLRICH & Co., Palmer, Mass.

Gentlemen: Referring to yours of the 6th, I have great pleasure in saying that I have handled Ridge's Food in my pharmacy and practice, having prescribed it as an article of diet for several years; this experience has enabled me to arrive at certain conclusions with regard to the article which are very complimentary to it. *It is an admirable preparation, and is in every respect worthy the large sale it is having; its promise and fulfilment go hand in hand.*

Yours very truly,

EDWARD A. GUILBERT.

CHICAGO HOMŒOPATHIC PHARMACY, 72 State st.

OFFICE OF HALSEY BROS., Chicago, Jan. 29, 1874.

Messrs. WOOLRICH & Co.,

Gentlemen: Replying to your enquiry as to what our experience has been in selling DR. RIDGE'S PREPARED Food for Infants and Invalids we do not hesitate to say that we regard it very highly and believe it to be as satisfactory in its use as any food made. IN FACT, HAVE NEVER HEARD EITHER PHYSICIAN OR CUSTOMERS SPEAK OF IT BUT IN THE HIGHEST TERMS. Our sales are large and increasing.

Respectfully yours,

HALSEY BROS.

MINNEAPOLIS, MINN., Feb. 19, 1876.

Messrs. WOOLRICH & Co., Palmer, Mass.

Gentlemen: Allow me to bear testimony to the almost universal satisfaction "RIDGE'S FOOD" has given my patrons. There has been no one article of food I keep in stock that has met the wants of Infants and Invalids and been received with so much favor as the one you make. Respectfully,

THOS. GARDINER,
Homœopathic Pharmaceutist.

ST. LOUIS, Mo., Jan. 26, 1876.

HOMŒOPATHIC PHARMACY, 306 North Fifth St
Messrs. WOOLRICH & Co., Palmer, Mass.

Gents: I need more of RIDGE'S Food for infants, etc., and wish to state at the same time that in the four years I have been dealing in this SUPERIOR ARTICLE OF DIET, I have not found any better adapted to the wants of children and invalids. I have had other foods before, and had a great deal of trouble with them; in some cases they did well, in the majority they did not, and people got dissatisfied. Since I had RIDGE'S FOOD, THERE HAS NOT BEEN A SINGLE COMPLAINT, and Physicians and families are supplying themselves with it regularly; our sales are steadily increasing. Very truly yours,

H. C. G. LUYTIES.

I consider RIDGE'S INFANTS' FOOD a most excellent preparation, and well adapted to fulfill the purposes for which it is designed.

R. WALTER HEURTLEY, M.D.

81 S. Roby Street, Chicago.

FOUNDLINGS' HOME, Chicago.

RIDGE'S PATENT FOOD has been used extensively at the Foundlings' Home in this city under my charge, and has been found far superior to any other artificial food which we have tried.

GEO. E. SHIPMAN.

CINCINNATI, Feb. 16, 1876.

Messrs. SMITH & PARKS: You ask me what I think of RIDGE'S FOOD for Infants and Invalids. I answer, after observing its effect for about two years, I GIVE IT MY UNQUALIFIED APPROBATION.

M. H. SLOSSON, M.D.

Messrs. WOOLRICH & Co.

It is with great pleasure that I recommend DR. RIDGE'S PATENT Food for Infants, having used it with unequalled success. It creates a healthy action of the stomach and bowels and is unsurpassed as a nourishment.

Very respectfully yours,

Mrs. J. D. WARD,
186 Ashland Ave., Chicago, Ill.



The attention of the medical profession is invited to this instrument as the most perfect ever invented for treating Prolapsus Uteri, or Falling of the Womb. It is an Abdominal and Uterine Supporter combined.

The Abdominal Support is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

The Uterine Support is a cup and stem made of very highly polished hard rubber, very light and durable, shaped to fit the mouth of the womb, with openings for the secretions to pass out, and which can be bent to any curve desired, by heating in very hot water.

The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic adapt themselves to all the varying positions of the body and perform the service of the ligaments of the womb.

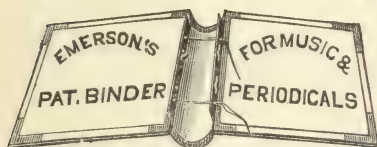
The Instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer in all cases of Anteversion, Retroversion, or any flexion of the Womb, and is used by the leading Physicians with never failing success even in the most difficult cases. **Price—To Physicians, \$8.00; to Patients, \$12.00.**

Instruments sent by mail, at our risk, on receipt of price, with 16 cts. added for postage; or by Express C.O.D.

Dr. MCINTOSH'S NATURAL UTERINE SUPPORTER COMPANY,
296 West Lake Street, Chicago, Ill.

Our valuable Pamphlet, "Some Practical Cases about Displacements of the Womb," will be sent you free on application.

BINDERS



Is the neatest and cheapest. Can be very easily used. Directions in every Binder. Size H. is adapted for the AMERICAN HOMEOPATHIST. Price, post paid 50 cents. Also, Binders of all sizes can be obtained by remitting, with order, to

A. L. Chatterton & Co., 121 Dearborn St., Chicago.

ESTIMATES FURNISHED FOR CUTS OF

H. W. ANDERSON & CO

ENGRAVERS ON WOOD

N.E. COR. CLARK & MADISON.

CHICAGO.

Buildings,
Landscapes,
Interior Views,
Portraits,
Labels, Plain and Colored
Agricultural
Implements,
Machinery,
Catalogues of all kinds.

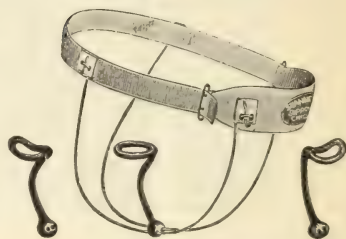
No charges made for Drawings if work is accepted. Having facilities for doing work in first-class style, we guarantee satisfaction in all cases. Respectfully, H. W. ANDERSON & CO.

Shannon Uterine Supporters



SELF-ADJUSTING SUPPORTER.

For the Successful
Treatment
of all
Displacements
of the
WOMB.



ELASTIC SUPPORTER.

Endorsed and recommended and used by many of the Most Eminent Physicians in the country. Twenty sold and used to one of any other make. I guarantee them to be the best since the improvements have been made. Send for my 32-page pamphlet, "The Displacements of the Uterus; Their Causes, Nature, and an Account of a New Principle of Treatment," free, also, prices to physicians who use many.

KNOXVILLE, Tenn., Oct. 21, 1876.

J. C. CALDWELL, Esq.,

Dear Sir: In reply to your inquiry, I am free to say that Shannon's instrument is better adapted, when properly selected and applied, to the purposes for which it is designed, than any one of the many hundred Pessaries that I have had occasion to examine and use.

Respectfully,

FRANK A. RAMSEY, M.D.

CHICAGO, July 2, 1875

This is to certify, that I have made frequent use of the Pessary known as Shannon's Supporter, both in hospital and private practice, and I feel free to say that I regard it as the *very best stem Pessary* in use. By means of its perfect adaptation to the different forms of uterine displacements, and the non-interference with the natural mobility of the organ, secured by the reversible joint of the stem with the spring, it has the *widest possible range of utility*.

A. REEVES JACKSON,
Lecturer on Diseases of Women and Children,
Rush Medical College, Chicago.

I fully concur with the above. A. E. SMALL,
President and Emeritus Professor of Theory and Practice
of Medicine, Hahnemann Medical College, Chicago.

J. S. SHANNON, 27 Washington St., Chicago.

Civil Malpractice.

By MILO A. McCLELLAND, M.D.

Cloth, \$3 50. Sheep, \$4 50.

This work is a comprehensive treatise on the legal relations medical men sustain to the public, and contains chapters on Fractures, Dislocations, Amputations, Obstetric, Ophthalmic, Miscellaneous, and Medical Cases. It has been prepared with great care, and has received the warm praise and commendation of many gentlemen of the medical and legal professions to whom the advance sheets have been submitted for examination and criticism. No book of similar character has hitherto been published, and it cannot fail to meet a want long felt by lawyers and physicians.

Sent by mail on receipt of price.



The American Homœopathist and the Homœopathic Times, one year, post paid, to any address, for \$4.

The American Homœopathist and the New England Medical Gazette, one year, post paid, to any address, for \$4.

Address, **W. A. CHATTERTON, 145 LaSalle St., Chicago.**

Getting on in the World;

Or, Hints on Success in Life.

By WM. MATHEWS, LL.D.

"Worth any day ten times its cost for the tenth part it contains! A book fuller of sensible sense and sounder soundness we have not seen for a long day. It is a perfect jewel box of aphorisms, maxims, counsels, anecdotes, illustrations, facts, etc. You will not find a single chapter named in the contents that does not promise to tell you something you have long wanted to know?"

Sent by mail on receipt of \$2.

NEWSPAPERS, MAGAZINES, AND MEDICAL JOURNALS may also be subscribed for through us at the lowest rates, and the risk of the many irresponsible agencies thus avoided.

JAS. E. GROSS, M.D.

NORTHWESTERN

JNO. B. DELBRIDGE.

HOMŒOPATHIC PHARMACY, CROSS & DELBRIDGE.

COMPLETE ASSORTMENT OF MEDICAL SUPPLIES.

Medical Books, Surgical Instruments,

WESTERN AGENTS FOR

**BOTSFORD'S HAMAMELIS,
DR. DORRIS' VACCINE VIRUS.**

PUBLISHERS OF THE

PHYSICIANS' CONDENSED ACCOUNT BOOK,

An Epitomized System of Book-Keeping, avoiding the necessity of separate Journal, Day Book and Ledger; combining System, Accuracy and Easy Reference, with a minimum of labor.

Price \$3 50. Send for Sample Sheets.

NEW REMEDY.---Alstonia Constricta. The New Remedy, introduced by Dr. Cathcart, of Australia, and noticed in the HOMŒOPATHIST for October, we can now supply Physicians at 50 cents per ounce. Sample free on receipt of stamp. Address,

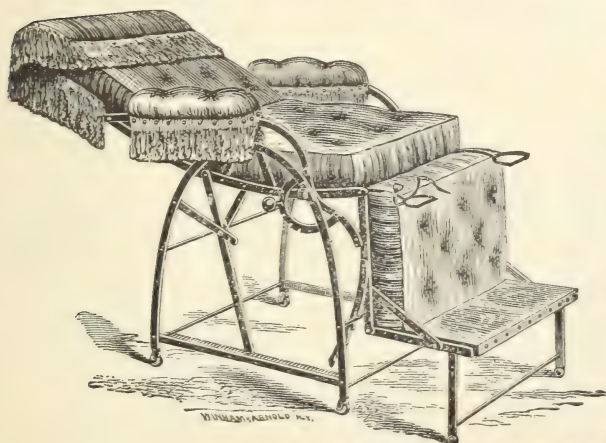
GROSS & DELBRIDGE,

Homœopathic Pharmacy.

No. 48 Madison Street, Chicago.

The Wilson Patent Adjustable Iron Operating Chair FOR PHYSICIANS.

NO OFFICE COMPLETE WITHOUT IT.



It can be tilted clear back level, and the foot elevated, thus making it most convenient for

Surgical Operations,

ALSO,

Invalids' Reclining and Self-Propelling

WHEEL CHAIRS,

The Best in the Country, with Thirty changes of Position.

IRON BEDSTEADS,

FOR

Hospitals, Asylums, and Private Families.

Send for Circular to the manufacturers.

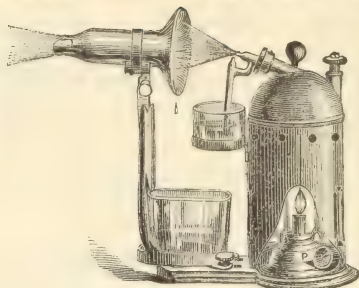
MATHIAS KLEIN,

235, 237 & 239 South Dearborn Street, Chicago, Ill.

CODMAN & SHURTLEFF'S

Atomizing

PRICES



Apparatus.

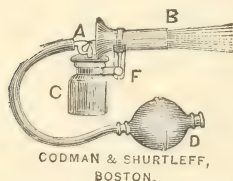
REDUCED.

The Complete Steam Atomizer. (Patented March 24, 1868.)

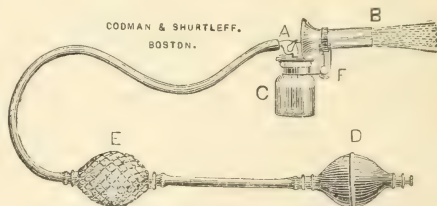
All its joints are hard-soldered.
Every one is tested by hydrostatic pressure, to more than one hundred pounds to the square inch.
It cannot be injured by exhaustion of water, or any attainable pressure, and will last for many years.
It does not throw sprits of hot water; is convenient, durable, portable, compact, and cheap, in the best sense of the word. Price \$5.00. Postage 57 cents.

Brass parts, nickel-plated, additional, \$2.00. Postage 57 cents.

Neatly made, strong, Black Walnut Box, with convenient Handle, additional, \$2.50. Postage 44 cents.



The Boston Atomizer. (Patented.)



Shurtleff's Atomizing Apparatus. (Patented.)

The most desirable Hand Apparatus. Rubber warranted of the very best quality. Valves imperishable, every one carefully fitted, and will work perfectly in all positions. Price \$3.50. Postage 24 cents.

The Bubs are adapted to all the Atomizing tubes made by us.

Each of the above Apparatus is supplied with two carefully-made annealed glass Atomizing Tubes, and accompanied with directions for use. Each Apparatus is carefully packed for transportation, and warranted perfect.

The Antiseptic Atomizer.....	\$15.00, \$25.00, \$45.00, and	\$50 00
Atomizer by Compressed Air, with regulating, self-acting Cut-off.....		45 00
Dr. Oliver's Atomizer. Postage 20 cents.....		4 00
Dr. Clarke's Atomizer. " 20 "		3 00
The Constant Atomizer. " 20 "		3 00
Dr. Knight's Atomizer, " 12 "		2 50
The Boston Atomizer. See cut. Postage 16 cents.....		2 50
Atomizing Tubes in great variety.....	25 cents to	15 00

For full description see New Pamphlet on Atomization of Liquids with Formulæ of many articles of the Materia Medica successfully employed in the practice of a well-known American practitioner, together with descriptions of the best forms of apparatus, which will be sent, post-paid, on application.

Plaster Bandages and Bandage Machines, Articles for Antiseptic Surgery, Aspirators, Clinical Thermometers, Crutches, Air Cushions, Wheel Chairs and Articles for Invalids, Mechanical Appliances for all deformities and deficiencies, Trusses, Elastic Hose, etc. Electrical Instruments for all Medical and Surgical uses, Hypodermic Syringes, Ice and Hot Water Bags, Manikins, Models, Skeletons, Skulls, etc., etc. Naturalists' Instruments, Sphygmographs, Splints and Fracture Apparatus, Stethoscopes, Syringes of all kinds, Teeth Forceps, Test Cases, Transfusion Instruments, French Rubber Urinals, Urinometers, Vaccine Virus, Veterinary Instruments, Waldenburg's Pneumatic Apparatus, etc., etc.

Surgical Instruments and Medical Appliances of every description promptly repaired.

Having our Factory, with steam power, ample machinery, and experienced workmen, connected with our store, we can promptly make to order, in the best manner, and from almost any material, new instruments and apparatus, and supply new inventions on favorable terms. Instruments bearing our name are fully warranted. With hardly an exception they are the product of our own factory, and made under our personal supervision, by skilled workmen, who, being paid for their time, are not likely to slight their work through haste.

New Illustrated Catalogue postpaid on application.

CODMAN & SHURTLEFF,

Makers and Importers of Superior Surgical Instruments, etc.

13 & 15 Tremont St., Boston, Mass.

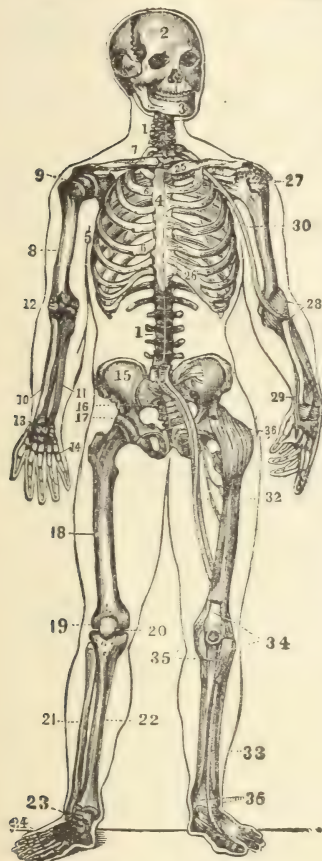
Andrews' Anatomical Charts,

WITH EXPLANATORY HAND BOOK.

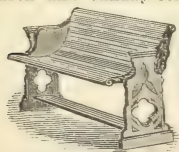
A. H. ANDREWS & CO.,

211 & 213 Wabash Avenue, Chicago.

Manufacturers of Church, Office, and School Furniture, Sunday-School Seats, Etc., Also, Kindergarten Material.



Church and Sunday-School



Pews, Settees, and Chairs.

Send for Catalogue of Library, Church, Hall, and Lodge Furniture.

"Not only unsurpassed but unequaled by anything of the kind which we have seen.—*Wisconsin Journal of Education*, edited by the Hon. E. Searing, State Superintendent Public Instruction.

Prepared under the direction of DR. WM. TURNER, Professor of Anatomy in the University of Edinburgh.

These Charts are issued in the best style of the Messrs. W. & A. K. Johnson, of Edinburgh, and are entirely new, and superior in plan and execution to anything of the kind offered in this country.

The Hand Books which accompany these Charts are models of concise explanation, and, with the Charts themselves and a good dictionary, will afford any intelligent student a good knowledge of the construction of the human body, and the use of its various parts.

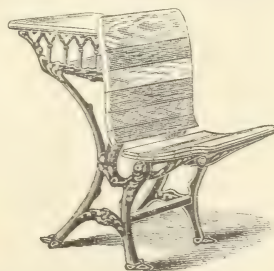
All the Charts are beautifully colored, varnished and mounted on rollers.

The Anatomical Charts Consist of

Sheet I.	The Skeleton.....	\$2 00
Sheet II.	The Ligaments.....	2 00
Sheet III.	The Muscles.....	2 00
Sheet IV.	The Heart and Arteries.....	2 00
Sheet V.	The Veins and Lungs.....	2 00
Sheet VI.	The Organs of Digestion.....	2 00
Sheet VII.	The Nervous System.....	2 00
Sheet VIII.	The Organs of Sense and Voice.....	2 00

Send for full illustrated catalogue of Maps, Globes, and School Apparatus.

Andrews' "Triumph" School Desk.



THE BEST IN THE WORLD !

Because Dove-tailed Together.

PHYSICIANS' STATIONERY.

SOMETHING NEW!

We have executed a splendid STEEL ENGRAVING of Hahne-
mann, and are prepared to furnish Homœopathic physicians,
Note or Letter Heads, with this appropriate vignette im-
printed in the upper left hand margin, at prices to suit all.
Send two three-cent stamps for specimens.

MEEKER & CO.,

154 Madison Street, - Chicago, Ill.

J. J. CEIGER,
BOOKBINDER,

And Manufacturer of

Medicine and Instrument Cases,

440 North Wells St.,

DIPLOMAS CAREFULLY FRAMED

TO PHYSICIANS.

The elegant BATHS, (Palmer House), do not in any way interfere with the profession of medicine.

Turkish, Russian, Medicated Vapor, Electro-Thermal, and Swimming Baths, given in the best way, open the Pores, regulate the Secretions, cure Eruptions, Malarious troubles, and tone up the nerves and muscles generally.

They do not reduce, as many suppose, and the most delicate invalid will always feel stronger after a Turkish or Electric Bath, when properly given.

Entrance **36 Monroe St.**

A. B. MCCHESENEY, M.D.,

Proprietor.

New England Medical Gazette,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MEDICINE, SURGERY

And the Collateral Sciences.

Terms, \$3. per annum in advance.

OTIS CLAPP & SON,

PUBLISHERS.

New England Homœopathic Pharmacy

Importers, Manufacturers and Dealers in

HOMŒOPATHIC DRUGS, ETC.,

3 Beacon Street, Boston.

Circular to Homœopathic Physicians.

It is well known to the Homœopathic profession, that I have made the manufacture of Tinctures a study for several years. The improvements I have introduced into Homœopathic Pharmacy are fast becoming recognized. The most important are the following:

1st. To ascertain, carefully and independently for each substance, what solvent will dissolve the largest portion of its medicinal properties; and to adhere to the use of this solvent, in the preparation of the lower dilutions, as well as in the manufacture of the Tinctures. The rule and custom of pharmacutists has been, to use the same solvent for nearly every substance.

2d. To make the original substance from which the tincture is made, the basis (or unit, of attenuation. Thus, in tinctures from fresh plants, the fresh plant is made the starting point and the first dilution is made to represent (cubic centimeter for gramme, in ten parts of the liquid, one part of the fresh plant, and is properly marked 1-10. It is the general practice of pharmacutists to make the **TINCTURE** the basis of attenuation without regard to its strength.

3rd. To trust no druggist or root-digger to identify the original substances used in the preparation of tinctures. Being a practical Botanist and Chemist, I am able to avoid errors frequently made by mercantile pharmacutists in confounding different plants or drugs, having the same or similar names.

4th. To indicate plainly on every vial of mother tincture, the solvent and the strength of the solution, giving printed directions for making dilutions which shall correspond in medicinal strength with the triturations of the same number.

5th. To make and keep all tinctures in new, amber-colored vials with glass stoppers. This affords the most thorough protection from the chemical action of light, and avoids the admixture of fragments of cork.

The registered **TINCTURE LABELS** in connection with the patent **GRADUATED VIALS** make the process of preparing dilutions as easy as that of addition.

Samples and price-lists sent free on receipt of ten cents for postage and packing.

LEWIS SHERMAN, A.M., M.D.,

171 Wisconsin St., Milwaukee, Wis.

A System of Obstetrics

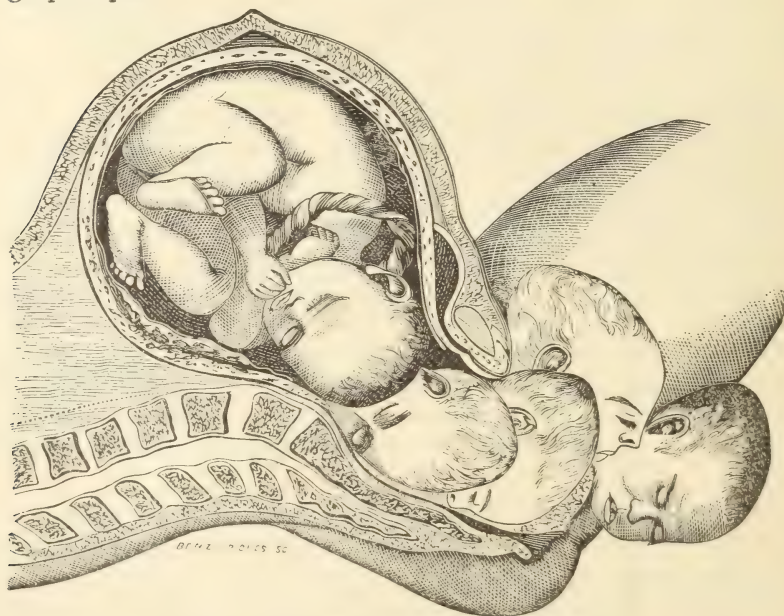
— O N —

HOMŒOPATHIC PRINCIPLES,

By WM. C. RICHARDSON, M. D.,

PRESIDENT OF THE MISSOURI SCHOOL OF MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN, PROFESSOR OF OBSTETRICS IN THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI; FORMERLY OBSTETRICAL EDITOR OF THE AMERICAN OBSERVER; VICE-PRESIDENT OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MISSOURI; MEMBER OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, OF THE WESTERN ACADEMY OF HOMŒOPATHY, OF THE ST. LOUIS HOMŒOPATHIC MEDICAL SOCIETY, &C., &C.

PROFESSOR RICHARDSON'S complete treatise on Obstetrics is now ready, and is recommended to practitioners and students as one of the most concise and practical text books that has ever been offered to the public; it includes diseases of women and infants, and is copiously and beautifully illustrated by upwards of one hundred figures, including several superb lithographic plates.



Sample of Illustrations in Richardson's Obstetrics.

This book is elegantly and substantially bound in cloth, and contains between four and five hundred pages, printed on good paper, with new type bought especially for the purpose.

Price, \$5.00. Send on your orders.

\$5.00.

The American Homœopathist, Chicago, (monthly, \$2,) the Cincinnati Medical Advance, (monthly, \$2 50,) and the Homœopathic World, London, Eng., (monthly, \$2,) to any address, one year, postpaid, for \$5. Ad. dress

W. A. CHATTERTON,
145 LaSalle Street, Chicago.

C. H. VON TAGEN, M. D.,
SURGEON,

Graduate, 1858.

GIVES Special Attention to Surgery in General, including specialties.

OFFICE AND RESIDENCE,
No. 8 Kentucky Building, Corner Clark and Adams Sts.

OFFICE HOURS.

7 to 11 A. M., 3 to 6 P. M., and after 7 P. M.
Available at all hours of the night.

Worthy and Charitable cases will receive due attention

THE WHEELER & WILSON

Manufacturing Company

MAKE

ROTARY HOOK

SEWING MACHINES

Both with and without a "TAKE-UP."

They are the fastest running, most durable, best made and easiest to operate, far surpassing all others in these Standard requirements.

SEND FOR A CIRCULAR.

AGENCY FOR

Illinois, Indiana, Michigan, Wisconsin, Minnesota, Iowa, Nebraska and Western Territories,

155 STATE STREET,
CHICAGO, ILL.

The Homœopathic Medical College OF PHILADELPHIA.

Now in its Twenty-ninth year; the oldest Homœopathic college in the world; has nearly 1,200 graduates.

This Institution offers unequalled facilities for acquiring a thorough medical education; has a museum of over 5000 specimens; a library of 2000 volumes; gives opportunity for the *practical* study of

Anatomy, Surgery, Obstetrics, and Chemistry; every advanced student furnished with cases of obstetrics. For announcement, address

A. R. THOMAS, M.D., Dean,
1628 Locust St. Philadelphia, Pa.

MISSOURI SCHOOL OF MIDWIFERY

Anatomy, Physiology, Midwifery, Diseases of Women and Children taught practically at bedside in Maternity Hospital. The Hospital is open to ladies in confinement, and the medical and surgical treatment of diseases of women and children. Mrs. S. SCHIERECK, Resident Midwife. Write for circulars. Dr. WM. C. RICHARDSON, President, 3234 North Tenth Street, St. Louis, Mo.

ESTABLISHED 1865.

H. D. Garrison, M.D. H. F. Clark. A. L. Clark, M.D.

GARRISON & CLARK,
MANUFACTURING
CHEMISTS AND DRUGGISTS,

511 STATE STREET.

CHICAGO,

Fluid Extracts,

Solid Extracts,

Tinctures,

Sugar-Coated Pills, &c.

We make a specialty of Physicians' orders, and supply everything in that line at lowest market rates.

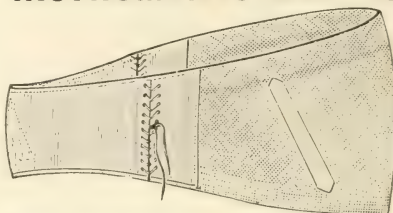
BLISS' PRAIRIE CASES.
 BLISS' AMPUTATING CASE...\$21 00
 " POCKET " ... 13 50
 " OPERATING " ... 50 00
 " OBSTETRICAL " ... 15 00

S. S. BLISS,
 70 State Street,
CHICAGO.

ESTABLISHED 1850.
New Goods, No Old Stock,
Low Rent and Expenses.
Send for Price List and Catalogue.

SURGICAL INSTRUMENTS AND APPLIANCES.

ELASTIC STOCKINGS,
 KNEE-CAPS, ETC.,
 FOR
 ENLARGED VEINS,
 TRUSSES,
 EAR TRUMPETS,
 CRUTCHES.



MAGNETIC BATTERIES
 ANATOMICAL
 PREPARATIONS
 AND CHARTS,
 INSTRUMENTS
 REPAIRED
 AND POLISHED.

BLISS' ABDOMINAL SUPPORTER, \$6.

Foundlings' Home Homœopathic Pharmacy,
72 South Wood Street, Chicago.

The undersigned desires to call attention to Physicians and Families to the Pharmacy opened at the Foundlings' Home, No. 72 South Wood Street, Chicago. He is prepared to supply any Homœopathic Medicine, in any form, of the best quality, and at the lowest rates, as well as

Pellets, Sugar of Milk, Alcohol, Distilled Water, Cases, Corks, Vials,
 and everything needed by the practitioner.

BOOKS, APPARATUS AND INSTRUMENTS

of any and every description will be furnished at the lowest rates. The undersigned gives his personal supervision to the preparation of the medicines sent out from this Pharmacy, and warrants all medicines as the best, of which a Homœopathic practice of thirty-five years in the State of Illinois justifies him to judge.

TERMS CASH.

GEO. E. SHIPMAN, M.D.

\$3.50.

The Cincinnati Medical Advance (monthly, \$2.50) and the American Homœopathist, Chicago, (monthly, \$2) to any address, one year, post-paid, for \$3.50.

W. A. CHATTERTON,
145 LaSalle Street, Chicago.



The best kind of work at reasonable rates. Cuts for Druggists' Labels, Surgical Apparatus, etc. a specialty.

Homœopathic Medical College of Missouri ST. LOUIS.

The 19th Annual Session will commence Oct. 9, 1877, and continue to March 1, 1878.

FEES—For course, \$50; Matriculation, \$5; Dissection, \$10; Hospital (including Hospital Diploma), \$5; Graded course (3 years), \$100 *in advance. No Graduation Fee.* Candidates passing the "Final Examination" receive their diploma *without extra fee.*

Hospital advantages unsurpassed. Clinical teaching, surgical cases, and bedside practice abundant. Practical Midwifery for Second Course students. Send for Announcement.

E. C. FRANKLIN, M.D., Dean,
1400 Olive Street, St. Louis, Mo.

HOMŒOPATHY THE SCIENCE OF THERAPEUTICS

A collection of Papers elucidating and illustrating the Principles of Homœopathy.

BY CARROLL DUNHAM, M.D.,

Price, \$4. 8vo. Cloth.

Will be sent, post paid, on receipt of price.
Address,

CARROLL DUNHAM, Jr.
IRVINGTON-ON-HUDSON, N. Y.

NOTICE TO PHYSICIANS.

A recent graduate (age thirty-seven), from Dartmouth Medical School, (Allopathic), desires to associate himself with an established Homœopath, as assistant. Not afraid of work and can furnish best of reference. Address, PHYSICIAN, box 1415, Providence, R. I.

\$777 is not easily earned in these times, but it can be made in three months by any one of either sex, in any part of the country who is willing to work steadily at the employment that we furnish. \$66 per week in your own town. You need not be away from home over night. You can give your whole time to the work, or only your spare moments. We have agents who are making over \$20 per day. All who engage at once can make money fast. At the present time money cannot be made so easily and rapidly at any other business. It costs nothing to try the business. Terms and \$5 outfit free. Address at once, H. HALLETT & Co., Portland, Maine.

Pulte Medical College, CINCINNATI, OHIO.

The Leading Clinical School.

Two Complete Graduating Terms.

First Term begins October 3d, 1877.

Second Term begins February 8th, 1878.

FEES, \$50.

Send for the Annual Announcement.

J. D. BUCK, M.D., Registrar,
305 Race St., Cincinnati, Ohio.

New York Homœopathic Medical College.

Sessions commence first Tuesday in October, and close about the 1st of March.

Clinical and hospital advantages unsurpassed by any medical college in the country.

Graded or Perpetual Ticket, - - - - \$160
Single course, - - - - - 100
Graduation fee, - - - - - 30

For further information and announcements address

J. W. DOWLING, M.D., Dean,
568 Fifth Avenue, New York.

Boston University School of Medicine.

OPEN TO BOTH SEXES.

It furnishes a complete graded course of three years' study. *Summer Term*, (optional,) commences March 18, 1878; continues twelve weeks. *Winter Term*, for lectures, commences Wednesday Oct. 9, 1878; continues twenty-one weeks.

Further information may be obtained of the Dean, I. T. TALBOT, M.D., 66 Marlboro' St., or of the Registrar, J. H. WOODBURY, M.D., 165 Boylston St., Boston.

GOLD. Great chance to make money. If you can't get gold you can get greenbacks. We need a person in every town to take subscriptions for the largest, cheapest, and best Illustrated family publication in the world. Any one can become a successful agent. The most elegant works of art given free to subscribers. The price is so low that almost everybody subscribes. One agent reports making over \$150 in a week. A lady agent reports taking over 400 subscribers in ten days. All who engage make money fast. You can devote all your time to the business, or only your spare time. You need not be away from home over night. You can do it as well as others. Full particulars, directions and terms free. Elegant and expensive Outfit free. If you want profitable work send us your address at once. It costs nothing to try the business. No one who engages fails to make great pay. Address "The People's Journal," Portland, Maine.

LACTOPEPTINE,

The most important remedial agent ever presented to the medical profession for Indigestion, Dyspepsia, and all diseases arising from imperfect nutrition, containing the five active agents of digestion, viz., Pepsin, Pancreatine, Diastase or Veg. Ptyalin, Lactic and Hydrochloric Acids, in combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE.

Sugar of Milk.....	40 ounces.	Veg. Ptyalin or Diastase.....	4 drachm.
Pepsin.....	5 "	Lactic Acid.....	5 fl "
Pancreatine.....	6 "	Hydrochloric Acid.....	5 fl "

LACTOPEPTINE owes its great success solely to the Medical profession, and is sold almost entirely by Physicians' Prescriptions. Its present sale exceeds \$100,000 per year at wholesale. Its almost universal adoption by the profession, as the above figures show, is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned, having tested REED & CARRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid, and Hydrochloric Acid, made according to published formula, and called LACTOPEPTINE, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well-adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M.D.,
Attending Physician at St. Luke's Hos-
pital.

ALFRED L. LOOMIS, M.D.,
Professor of Pathology and Practice of
Medicine, University of the City of
New York.

J. H. TYNDALL, M.D.,
Physician at St. Francis' Hospital.

LEWIS A. SAYRE, M.D.,
Professor of Orthopædic Surgery and
Clinical Surgery, Bellevue Hospital
Medical College.

EDWARD G. JANEWAY, M.D.,
Professor of Pathological and Practical
Anatomy, and Lecturer on Materia
Medica and Therapeutics and Clinical
Medicine, Bellevue Hospital Medical
College.

SAMUEL R. PERCY, M.D.,
Professor Materia Medica, New York
Medical College.

JOSEPH E. WINTERS, M.D.,
Assistant Demonstrator of Anatomy,
Bellevue Hospital Medical College.

F. LE ROY SATTERLEE, M.D., PH., D.,
Prof. of Chem., Mat. Med., and Therp.,
in the N. Y. College of Dent.; Prof. of
Chem. and Hygiene in the Am. Vet.
College, &c., &c.

PRICE LIST.

LACTOPEPTINE (Powder, in oz. Bottles).....	per oz.	\$ 1 00
" (Powder, in oz. Bottles).....	per doz.	10 00
" (Powder, in 1/2 lb. Bottles).....	per lb.	12 00
Elixir Lactopeptine.....	per doz.	15 00
" Lactopeptine and Bismuth.....	"	15 00
" Lactopeptine, Strychnia and Bismuth.....	"	15 00
" Calisaya Bark and Iron, with Lactopeptine.....	"	15 00
Beef, Iron and Wine, with Lactopeptine.....	"	12 00
Liquid Lactopeptine.....	"	15 00
Syrup Lactopeptine Compound.....	"	15 00

All Correspondence and Communications must be addressed to

The New York Pharmacal Association,

(Who have purchased all the rights in the article of Messrs. Reed & Carrick.)

83 JOHN STREET, NEW YORK.

P. O. Box 1574.

Subscription: Two Dollars a Year. Twenty cents a Number.

AMERICAN HOMŒOPATHIST

A MONTHLY JOURNAL OF
MEDICAL, SURGICAL AND SANITARY SCIENCE.

J. P. MILLS, M.D., Editor.

125 Western Avenue, Chicago.

IN EXCHANGE.

Vol. II.

February, 1878.

No. 2.

CONTENTS

SKIN AND VENEREAL CLINIC, HAHNE- MANN HOSPITAL. Illustrated. <i>Temple</i> <i>S. Hoyne</i>	51	RECENT EXPERIENCES WITH CUPRUM MET. 30. <i>A. W. Woodcock</i>	79
CLINICAL REVIEW OF KALMIA LATI- FOLIA. <i>Louis Faust</i>	55	CLINICAL HINT	82
SPINA BLIDA. <i>S. B. Parsons</i>	57	THE USE OF PESSARIES. <i>Albert G.</i> <i>Beche</i>	83
PNEUMONIA.—A CASE FROM PRACTICE. <i>D. G. Curtis</i>	60	HOMŒOPATHY ILLUSTRATED	43
ERYSIPELAS. <i>Frank Eastman</i>	62	20. Intermittent fever, <i>Rhus tox.</i> —	
A CASE OF VICAREOUS MENSTRUATION. <i>J. R. Haynes</i>	66	21. Rain-Drenching, <i>Bryonia</i> , — 22.	
WHAT IS TO BE DONE AT THE SOUTH TO ADVANCE HOMŒOPATHY. <i>F. F.</i> <i>DeDerkey</i>	67	<i>Digitalis</i> , Gastric Derangement.—23.	
MEDICAL REVIEWS	71	<i>Salt-Rheum</i> , <i>Sulph.</i> 200, <i>Sarsap.</i> 200.	
MY CHARACTERISTICS FOR LACHESIS IN DIPHThERIA. <i>C. W. Boyce</i>	72	NOTES, QUERIES AND REPLIES	84
GELSEMIUM; ITS ACTION UPON THE EXTERNAL RECTUS MUSCLES OF THE EYE. <i>W. H. Woodyatt</i>	73	The Absorption Process.—What Symptoms Indicated the <i>Rhus</i> ?— <i>Lapis</i> <i>albus</i> Again.—Will Nervous Excite- ment Account for Increase of <i>Urea</i> ?	
NEW PROCESSE FOR APPLYING MEDIC- INAL SUBSTANCES TO THE INTERNAL SURFACE OF THE UTERUS. <i>M. S.</i> <i>Carr</i>	78	NEW PUBLICATIONS	91
		The Homœopathic Treatment of Spinal Curvatures According to the New Principle.—Clinical Therapeutics, Part IV.—Pathology and Treatment of Diphtheria.	
		EDITOR'S CABINET	92
		MEDICAL MEMORANDA	93
		Items of Interest.—Personals.	

A. L. CHATTERTON AND COMPANY,
PUBLISHERS,

23 Park Row, New York.

121 Dearborn St. Chicago.

CHICAGO Homœopathic College

**LEGALLY CHARTERED
BY THE STATE OF ILLINOIS IN JUNE, 1870.**

WINTER TERM.

The Winter Session of 1877-8 will open on October 3d. and continue twenty-six weeks. This College has a full corps of experienced professors, each of whom devotes special study to the branch he teaches. Particular instruction is given in all practical branches, with abundant illustration from the largest Homœopathic medical, surgical, and obstetrical clinic in the west.

FACULTY AND TRUSTEES.

- GEO. E. SHIPMAN, A.M., M.D., Emeritus Professor of Materia Medica.
H. P. GATCHELL, A.M., M.D., Emeritus Professor of Physiology and Hygiene.
RODNEY WELCH, A.M., M.D., Emeritus Professor of Chemistry and Toxicology.
LEONARD PRATT, M.D., Emeritus Prof. of Special Pathology and Diagnosis.
J. S. MITCHELL, A.M., M.D., Professor of Theory and Practice in Clinical Medicine.
ALBERT G. BEEBE, A.M., M.D., } Prof.
CHARLES ADAMS, M.D., } fessors of Principles and Practice of Surgery and Clinical Surgery.
WILLIS DANFORTH, M.D., Professor of Gynecological Surgery.
JOHN W. STREETER, M.D., Professor of Diseases of Women and Children.
R. N. FOSTER, A.M., M.D., Professor of Obstetrics.
W. H. WOODYATT, M.D., Professor of Ophthalmology and Otology.
E. M. HALE, M.D., Professor of Materia Medica and Therapeutics.
A. W. WOODWARD, M.D., Professor of Analytical and Comparative Materia Medica.
E. H. PRATT, A.M., M.D., Professor of Anatomy.
J. R. KIPPAX, LL.B., M.D., Professor of Dermatology and Medical Jurisprudence.
R. N. TOOKER, M.D., Professor of Physiology.
N. B. DELAMATER, M.D., Lecturer on Electro-Therapeutics and Special Nervous Diseases.
L. C. GROSVENOR, M.D., Adje't Professor of Theory and Practice.
A. L. MARCY, M.D., Lecturer on Chemistry and Toxicology.

Persons desirous of obtaining further information respecting this course are requested to communicate with

CHARLES ADAMS, Secy., 1143 Wabash Ave.

THE

American Homœopathist.

A MONTHLY JOURNAL OF MEDICAL, SURGICAL,
AND SANITARY SCIENCE.

Vol. II.—FEBRUARY, 1878.—No. 2.

SKIN AND VENEREAL CLINIC, HAHNEMANN HOSPITAL.

PROF. TEMPLE S. HOVNE, A.M., M.D., CHICAGO.

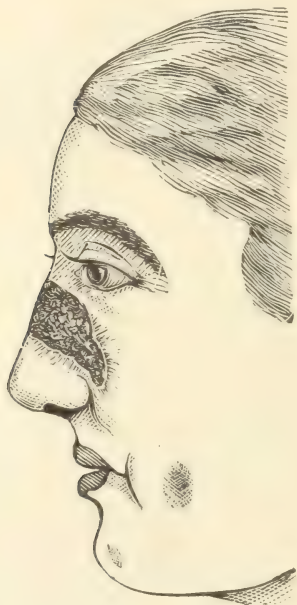
[Case Delineated and Reported by Dr. A. P. Roockey, Assistant House-Physician.]

Case 2280. LADIES AND GENTLEMEN: I have a very interesting case to show you this morning; one of a class of cases only met with in large cities. This lady, Mrs. A., aged thirty-two, Norweigan by birth, first came to the hospital for treatment early in July, 1877. She then gave the following history of her disease:

Three years before (1874) she had a large ulcer on the leg, which was treated allopathically for many months and finally healed, leaving this large cicatrix which you can plainly see from your seats. Soon after, or a little over a year ago (1876), another ulcer made its appearance upon the other leg in the neighborhood of the

ankle, which, notwithstanding the constant dosing and local applications she has submitted to, has continued to grow in circumference. Three months before she came to the dispensary (April, 1877,) the nose became affected and ulceration soon took place. This ulceration, you will observe, still continues. She emphatically denied having had syphilis, but that does not count for much, as many of these out-patients will deny all knowledge of the subject, even when they know better. However, after a careful cross-examination, I elicited the fact that some years ago (before the first ulcer upon the leg made its appearance,) she had a few little sores about the

external genital organs, which disappeared after a time, she meanwhile using some sort of ointment. That, in brief, is the history of the case up to July 1, 1877.

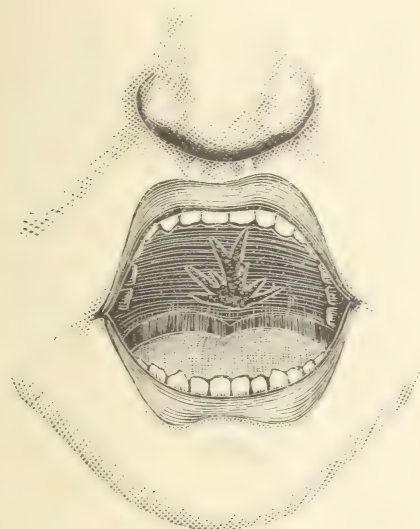


You will notice particularly the ulceration about the nose, which involves, to a certain extent, the nasal bones. It is uncertain whether this ulceration commenced in the nose or at the junction of the skin and nasal mucous membrane. The patient states that it commenced just below the wing of the nose and spread upward. By placing one finger upon the nose and one upon the cheek you will observe that the skin and tissues beneath separate from the inferior portion of the ulcer to a point slightly below the lower edge of the wing of

the nose, which marks the tract of the ulceration. The ulceration commenced as low down as this point but has gradually crept upward toward the eye. The skin of the face, especially under the eye and in the immediate neighborhood of this large ulcer, has a coppery-red color, resembling somewhat an erysipelatous inflammation. You will notice that this color is not confined to the left side of the face, but passes over the nose and is most marked just below the right eye. This is not uniformly so, however, for on several occasions she has appeared here when the color of the right side of the face was perfectly natural; when it does exhibit this coppery-red color, as at present, she is in great dread of another ulcer on the right side of the nose. There is no pain or tenderness anywhere except when slight pressure is made over the nasal bones. Although the ulceration is confined to the left side of the face and nose slight pressure over the bone upon the right side occasions some pain, showing that that side is involved to a certain extent.

Upon opening the mouth you see another large ulcer on the hard palate which also involved the bone and, at one time, communicated with the nasal passage. The patient at first complained of a discharge into the mouth through this opening—the discharge consisting of nasal mucus and pus. This is no longer the case now as the opening or sinus seems to have become obliterated. This ulcer, as

you perceive on looking closely, presents all the appearances of a syphilitic ulceration.



We have one other ulcer, or rather two—a large and a small one upon the ankle—to exhibit. When we first saw this sore it presented an indolent appearance, was covered with a thick, lardaceous matter, with pale, flabby granulations: had a foul smell and showed no disposition whatever to heal. In fact it was constantly extending in circumference.

As this patient denies syphilis we will briefly consider the affections which resemble it. This ulceration upon the nose looks somewhat like lupus, and might, upon a casual examination, be mistaken for it. Lupus, however, is a disease which usually occurs between the ages of

fifteen and twenty-five and is quite rare after thirty. The age then would probably exclude it. Lupus in healing always leaves indelible scars. That is not true in this case—no scar remains below the inferior portion of this sore, and yet the ulceration at one time, as I stated a few moments ago, extended to the lower part of the nose. The history of the case is not that of lupus. She had sores upon the genitals which probably were chancres and were healed by the application of some ointment. Now she does not remember having had any eruption about the body after this, but did complain occasionally of a sore throat. The next thing was the first ulcer upon the leg cured (?) by allopathic treatment. If the disease had been lupus it would have appeared upon the face first. The history of the case is then opposed to lupus. The appearance of the ulcer upon the nose on close examination does not indicate lupus. The lupus ulceration does not present so foul a surface, nor a dirty-grayish discharge. In syphilis the edges are everted and sharply cut as in the case before you, and in lupus we do not find this copper-colored areola. Hence we are forced to the conclusion that the affection is not lupus. The disease might be mistaken for rodent ulcer, but the patient's age is opposed to this diagnosis. Rodent ulcer rarely occurs under forty years of age, and the disease extends equally in all directions. The ulceration here has worked upward. Sufficient has been said to show that the

diagnosis must be tertiary syphilis.

The patient was given Nitric acid 30, in July last, and ordered to report



in a week. Slight improvement followed this prescription and it was continued another week on the principle, "let well enough alone." But the following week there was no visible change in the appearance of the ulcers or concomitant symptoms. The improvement the week before was possibly due to the discontinuance of allopathic treatment. I now selected as being specific to syphilitic affections of the nasal bones, Aurum m., which was given in the 6th three times a day. Under the influence of this remedy the patient improved from week to

week, so far as the face and nose were concerned. On July 22d a piece of bone about as thick as the thumb nail, and three-eighths of an inch square, was exfoliated and discharged through the nasal opening. Ever since then this ulcer has gradually been growing smaller until now when it is about two-thirds the size of the original sore. Those of you who saw the case in July last can testify to this. But the ulcer upon the leg has not improved very much if at all, although we have applied Cosmoline, a weak solution of Nitric acid, diluted Carbolic acid, earth dressings, etc. At one time Hepar sulph. 30 was given instead of Aurum, but without any improvement whatever. And in fact, while using the Hepar the face again ceased to improve. Last week Carbo veg. 30 was given, and to-day for the first time the patient admits that this very troublesome ulcer is much better. And we can see for ourselves that the granulations instead of being pale and flabby are of a bright florid appearance. Around the edges of the sore you will observe new skin forming and stretching out over the surface of the ulcer. In order to keep up this improvement and at the same time prevent the face from becoming worse again, we shall order Aurum 30, to be taken for three days, and then Carbo veg. 30 for four days.

NOTE.—This patient was still improving under this prescription the last time we saw her, January, 1878.

CLINICAL REVIEW OF KALMIA LATIFOLIA.

LOUIS FAUST, M.D., SCHENECTADY, N. Y.

In looking over the homœopathic literature, one is surprised in finding *Kalmia* so uncerimoniously neglected; why this is, I cannot say; surely it cannot be because of the limited sphere of action of the drug, for in my experience I have found occasion to prescribe it quite frequently. Probably it has not been sufficiently studied by the profession, or we have neglected to record the cases of particular interest in which it was used successfully.

Let us examine the cases in which it is applicable.

RHEUMATISM.

In certain forms of Rheumatism it is indispensable, more especially those cases which present shifting pains; pains suddenly change position; a tendency to metastasis to the heart; deltoid rheumatism of both sides, but more particularly the right. A few cases may illustrate:

Dr. C. Pertch, in the *American Homœopathic Review*, Vol. I., says he first used it in 1850, in a case of inflammatory rheumatism, characterized by shifting pains for which *Pulsatilla*, *Rhus tox.*, *Aconite* and *Bryonia* were given without success; he then gathered the young leaves of *Kalmia lat.*, (it being in the spring,) made a weak tincture and used it with entire satisfaction. He also used it in a case of paralysis after inflammatory rheuma-

tism, and in false pleurisy with marked success.

Case 1. I was called to see a lady who had been troubled with rheumatism, more or less, for several years. She presented the following symptoms: Pains in different parts of the body, frequently changing position; a severe pain running from the little finger along the ulna to the elbow. I was proving *Kalmia* at the same time and having had the last named symptom for several days, I prescribed it. I heard nothing of the case until a month after, when I met the husband, who informed me that she was entirely free from pain.

INFLAMMATORY RHEUMATISM.

Case 2. C. B., was suffering with a severe attack of rheumatism. On one of my visits he presented the following symptoms: Pains in the region of the heart, fluttering of the heart, dyspnœa, unable to lie on the left side as it causes violent palpitations of the heart. I gave *Cactus grand.* but with no relief. I then give *Kalmia* 3d, and in two days these symptoms were removed, and the pains which had been shifting previously, and for which I had given him *Pulsatilla* without avail, abated.

RHEUMATISM OF RIGHT SHOULDER.

Case 3. Maria F., aged sixty-eight, had a severe attack of rheumatism of the right shoulder, lasting four weeks,

she suffered terribly, it would keep her awake until three or four in the morning, nothing would relieve her. I thought of the terrible pains I had had in my shoulder while proving *Kalmia*, and I gave her a few drops of the tincture, (having no other preparation on hand,) in water. She took it every three hours through the day, and at nine o'clock that evening she was asleep, slept until late the next morning and awoke free of all pain. Several weeks later she had a relapse, which was speedily cured by the 200th of *Kalmia*.

RHEUMATISM OF THE BACK AND SHOULDERS.

Case 4. Mrs. J. S., presented the following symptoms: Pains in the region of the heart; a tired feeling of the whole body; constipation; the pains sometimes sharp and piercing, then again dull and sore, extending over the left shoulder; has had it more or less for a year, worse in damp weather; has had rheumatism of the back and shoulders. *Kalmia* 30th was prescribed and in a short time the patient reported herself decidedly better.—*Professor Lilienthal's clinic, New York Homœopathic Medical College, Case 30.*

Not only is *Kalmia* useful in rheumatism, but also and probably more so in neuralgia.

While proving the drug, I was compelled, several times, to stop taking it as the neuralgia became unbearable. This led me to prescribe it in my practice in cases of that class, and I can unhesitatingly say that it will

cure over half of all cases of facial neuralgia; even when the teeth are decayed it will relieve.

NEURALGIA FACIALIS.

Case 5. In the *North American Journal of Homœopathy*, Dr. Ball, of New York, reports a case of neuralgia facialis (in a lady,) which was gradually increasing in severity, the attacks came on in the evening and would last all night. The pain would commence in the neck, go to the top of the head, then to the temples and right side of the face; the parts were tender to touch; the pain was sharp, shooting and twitching, sometimes sudden, in spots; relieved by cold, aggravated by heat; teeth sound but tender. *Kalmia* relieved after *Belladonna*, *Colocynth*, *Pulsatilla*, *Nux v.*, *Arsenic*, *Spigelia* and *Carbo veg.*, had failed.

Dr. Otis, of Poughkeepsie, N. Y., informs me that he has used it with success in neuralgia of the bowels as well as in facial and other neuralgias.

RETINITIS ALBUMINURICA.

Its use in eye difficulties is also very important.

In Allen & Norton's new book on Ophthalmic Therapeutic, a case of retinitis albuminurica, in a pregnant lady, is reported, which was cured by *Kalmia*, prescribed more particularly for the characteristic pains in the back.

SCLERO-CHOROIDITIS.

The same authors reports a case of sclero-choroiditis ant., in which the vitreous was filled with exudation, and the patient complained of a glimmering of light before the eye when using

the other, which was cured by Kalmia.

ASTHENOPIA.

It is also used with success in asthenopia muscularis, especially when the following symptoms are present: Stiffness of the muscles of the eyes and lids; constant pressure over the eyes, can hardly keep them open; sensation as if the walls and roof of the orbit were pressing on the eyeball.

PALPITATION, ETC.

Another prominent feature of the drug is its action on the heart causing the most violent palpitations, which it promptly relieves, as can be seen in Case 2, given above. In looking over my provings I see the following symp-

oms: Fluttering of the heart; palpitation of the heart, with oppressed breathing and anxiety; pulse irregular; palpitation of the heart on walking up stairs, even slowly; fluttering of the heart; irregular pulse from mental effort; when leaning forward to write; violent palpitations, etc., etc. All these show that it has a marked tendency to affect the heart. I have used it with good results in nervous palpitation.

Dr. Macy reports a case of morbus brightii cured by Kalmia.

Prof. S. P. Burdick says he uses it with marked success in albuminuria of pregnant women.

SPINA BIFIDA.

S. B. PARSONS, M.D., ST. LOUIS, MO.

Read Before the Physicians and Surgeons Club.

A recent case of spina bifida having proved fatal in my hands, after attempts to help the little victim, and the interesting observations a post-mortem examination afforded me, together with my past experience in the management of such cases, have led me to select this subject for consideration.

The child was six months old, boy, of German parentage, fair skin and hair, health good, body fairly nourished was brought to me with a large tumor in the lumbar vertebral region (and

talipes varus of both feet,) which was first noticed the second day after birth. At that time its size was about that of a small hen's-egg, and shaped somewhat like it; its long diameter being parallel with the vertebral column. It gradually increased in size, enlarging or diminishing as the child cried or its position was changed, up to the present time, now measuring eight and one-half inches from below upward over the most prominent part of the tumor, and seven and one-half inches laterally. The skin covering

its apex was bluish-white, thin, through which exuded a transparent liquid, and had every appearance of an early rupture. Around its base its coverings were more flesh-colored, with here and there islands of a thicker tissue of a pearly-white color. There were no striations nor radiations, as may sometimes be seen when the spinal cord or nerves intersect the cavity, but by the aid of a lighted candle it could plainly be discerned that the contents of the tumor were cysts filled with a liquid fluid. No constriction or pedicle existed between the tumor proper and the point of attachment to the back, hence I concluded that the cleft in the spinal column was not confined to one or two of the vertebræ but in all probability included the whole lumbar spine. Fearing a sudden giving way of the membranes and evacuation of their contents followed by increased arterial tension in the brain, convulsions, and death, I urged immediate tapping, hoping thereby to avert the threatening danger and, at least, prolonging life for a short time, if not to cure, though I had but little thought of restoring the parts to a healthy condition. Permission being obtained, I withdrew with a fine aspirating needle one ounce of matter, and injected five drops of a solution composed of Iodine, 10 grains, Iod. Potash, 30 grains, Glycerine, 1 ounce—a mixture which has quite a successful reputation in England, and which I had used in a former case with the best results. An elastic cap was

placed over the tumor and fastened by two elastic cords on the front part of the abdomen so that any tendency to bad effects upon the brain from removing the liquid so quickly, by diminishing the pressure upon the cyst wall, might be overcome or lessened, as no matter what position the child was in the cap and cords would keep up a constant and equable pressure over the whole surface of the tumor.

The child's condition was not altered by the operation; eating, sleeping, digestion, defecation, etc., went on regularly, and on the fourth day afterward I removed the cap for the purpose of tapping again. By measurement the tumor was one-half inch smaller in size, and as everything seemed favorable I extracted another ounce and injected five drops more of the Iodine solution and replaced the cap. Next day the child was a little restless, but a few doses of Belladonna relieved it; four days afterward I took away another ounce without removing the cap, passing the needle through the thin elastic sheet of which it was composed, and introduced five drops more of the solution. The following night was a restless one, as also were the succeeding three days, the pulse rising to 130, slight diarrhoea, disinclination to nurse, etc., but under Aconite, Calcareia, and Helleborus the symptoms all passed away with the exception of its fretfulness.

Seven days after the last operation I tapped again and took away another ounce, the tumor now being nearly

two inches smaller than when the treatment began. Its surface had a shriveled, dried appearance, the more natural parts around the base showing a slight degree of inflammatory action, which it was the intention of the Iodine solution to create. During the following night a very marked change in the child's condition took place, the pulse running up to 135, disposition to vomit, restlessness, aversion to nursing, sinking of the cheeks and eyeballs, terminating in spite of all that could be done in convulsions the succeeding night, and eight hours after the operation in death.

POST-MORTEM.

At the post-mortem the following was revealed:

The whole of the lumbar vertebræ were open, and the laminæ of each vertebra separated from its opposite a distance of one inch. The dura mater was thickened around the base the tumor and became insensibly lost in its general coverings. The arachnoid remained distinct throughout the whole cavity and formed a number of cysts or sacs, mostly small in size, which communicated by small openings with a large one, the latter forming the greater part of the tumor and communicating with the general spinal cavity, and filled with the encephalo-spinal fluid. It was reddened over a considerable portion, undoubtedly due to the inflammation induced by the injections resorted to, and extended to the layer that covers the posterior surfaces of the bodies of the vertebræ. The spinal cord passed

into the tumor at its upper part and spreading out in a thin, fan-shaped layer, similar to the optic nerve expansion, became lost to view immediately afterward so that no trace of it could be seen in the lower half of the cyst walls. At the terminus of the spinal canal the pia matter was thickened and highly vascular but nowhere else could it be discovered.

From this explanation it is easy to understand the cause of the talipes with which the sufferer was afflicted, as well as the very limited power of motion in the lower extremities. It could neither flex nor extend them, but abduction, adduction and volation could be performed slightly.

How perfectly useless, aye, cruel, would it have been to cut away the tumor with the knife, or putting a ligature around it that it might slough away, as both would have brought on immediate convulsions and death, preceded by the most agonizing pains through division or constriction of the spinal cord.

There is a great lesson to be learned from this case, and that is, that where spinal tumors have broad and extensive bases, the spinal cord will leave its natural position and take up an unnatural one in the tumor. More especially will this be the case if the growth is situated in the lumbar region. In a former case, to which I have alluded, the tumor was also located in the lumbar region, and although its size was quite equal to an orange, there was a narrow, constricted neck, or attachments, not beyond an

inch in thickness. The same mode of treatment was followed, with a perfect cure resulting.

I regret exceedingly that no opportunity was allowed me to examine the brain and upper part of the spinal canal, but under no consideration would the parents permit it. We should undoubtedly have found more or less evidences of abnormal conditions in both places, especially the former, as it is scarcely possible that there could be such a serious lesion in the spinal canal and its contents without inflaming and deranging the cerebral organs. I imagine the sub-arachnoid spaces and ventricles would evince more clearly the deliterious

effects within the brain there than elsewhere, as at these points the pressure from the increased accumulation would be direct, and also subject to a varying force from the diminished or increased amount of encephalo-spinal fluid. Other parts of the brain would manifest more or less disturbed relations, and perhaps not unlike those observed in hydrocephalus. There is a very near connection, in my mind, between the two diseases, both being due to faulty developmental powers, low absorption, increased secretion, etc., the medical treatment of one answering well for the other.

PNEUMONIA.—A CASE FROM PRACTICE.

D. G. CURTIS, M.D., CHATTANOOGA, TENN.

[A Paper Presented to the Homœopathic Medical Society of Tennessee at its Third Annual Meeting.]

In these days of wonderful cures and startling developments, looming up in the medical world, claiming the attention of sage critics, and astonishing the credulous, the practitioner hesitates to make known to his professional brethren and the public, anything accomplished by his skill not usually wrought out as ordinary effects from well-known curative agencies, least he should be placed in the category of "quacks." This view of the subject has deterred many physicians from submitting cases, a knowledge of

which might have been of interest and profit to his professional co-laborers.

In the case now in question, I propose simply to give you the facts and circumstances connected with it, together with my treatment, leaving you to take whatever of good you may gather therefrom, after a careful hearing.

P. C., aged thirty-six, married, laborer, nervous temperament, contracted pneumonia in the winter of 1871, and received treatment from the best talent of the old school of medi-

cine in our city. During the spring and summer following, instead of regaining his usual health, his case grew from bad to worse, till his physicians could no longer offer any hope, announcing that his case was one of consumption, and that the almost certain result would be death.

I was called to take his case in hand, or at least, do or say something that might give a ray of hope to the fever-worn and exhausted patient. I declined treating the patient unless I could have full control of the man and his surroundings. My proposition was soon accepted. I found him in a pitiful condition, indeed, (surrounded by pills, plasters, boxes and bottles of compounds,) wasted and haggard in features; with hectic flush, alternating between chills and fever; irregular appetite; pulse weak and rapid. Both lungs were evidently *ulcerated*, to an alarming extent, judging from the sounds and the amount of green and foul-smelling pus raised. He had swollen feet and other symptoms one would likely meet in the last stages of phthisis pulmonalis.

TREATMENT.

I had the patient removed to another room and the whole premises thoroughly fumigated, floors and windows scoured, walls whitewashed and an entire change of bedding made; after which, he was returned to his old quarters, in an entire new dress. I then ordered two small tubs of dry earth at his bedside; the one to be used as a spittoon, strictly enjoining that all matter should be at once

covered with the earth, and in the other I planted the patient's feet, he being propped up in bed—not to have them *grow*, but with the hope they would decrease in size, which they did, greatly to our mutual satisfaction. Every twenty-four hours these tubs were emptied and refilled. So I continued, day after day, re-planting my patient's feet. I ordered two ounces of raw beef, thoroughly pounded, morning and noon, and to increase the amount as the stomach would tolerate it. I prescribed Arsenicum 2x and Carbolic acid 2x, in alternation, at first two hours apart, lengthening the intervals as improvement progressed; also, Carbolic acid by inhalation, using the vapor of the alcoholic solution after each hard paroxysm of cough. Arsenicum was used about one month in all, but Carbolic acid was continued till the patient was able to resume work. Under this course, employing *no other remedies*, at the end of two weeks a marked change for the better was observable. The inner man took fresh hold of life with new resolves to fight the encroachment of disease.

After one month's treatment my patient was able to sit up and soon thereafter to walk around the room, the cough and expectoration being greatly diminished, and the swelling of limbs entirely reduced. In the following April, he went on the street, and shortly after resumed labor, which he has not been called upon to suspend by reason of lung troubles since.

ERYSIPELAS.

FRANK EASTMAN, M.D., PHILADELPHIA, PA.

A Paper Presented to the Homœopathic Medical Society of Tennessee.

Erysipelas may be divided into *simple* and *phlegmonous*, according as the superficial or deeper tissues are affected; or again, it may be classified as it affects the serous, mucous, or cutaneous tissue. Divide it as we may, however, we must still recognize two divisions, both of which are characterized by the same display of symptoms, though those of the latter are, generally speaking, more severe and oftener proves fatal than the former. I refer to the divisions, *medical* when proceeding from internal causes, and *surgical*, when the result of external injury or irritation to the parts.

It is a disease which attacks persons of any age; in the new born infant, where we find it presenting such a formidable character and generally terminating fatally, to the older man of sixty, when periodical attacks are so troublesome and annoying. The majority of cases, it is said, occur among women. No part of the body is exempt, though the face and lower extremities are oftenest attacked; in infants the genital organs nearly always become involved. As a result of these peculiar and mysterious conditions of the atmosphere, we sometimes have erysipelas occurring epidemically. The causes producing this disease are innumerable, as most any cause that will produce inflamma-

tion may excite it. They can, however, be divided into two general classes, *predisposing* and *exciting*. Under the head of predisposing, we have diseased conditions of the blood, hereditary predisposition, bad diet, etc.; exciting causes are, injuries of all kinds, changes in the atmosphere, season, etc.; extremes of heat and cold, violent emotion, and last, but by no means least, contagion.

That surgical erysipelas is contagious, I believe is now generally admitted; the best authorities of the day agree as regards its contagiousness, the proofs of which cannot be denied. Medical erysipelas may, in some instances, prove to be contagious, though there must be some predisposition in the individual in order that the disease may establish itself. If it occur in connection with some other disease it is to be feared; and we all know how terribly fatal is the result when it attacks the bruised and tender genitals of a newly delivered woman, or how great is the apprehension of the surgeon upon finding a case of erysipelas and a patient recently operated upon in the same ward of the hospital.

The symptoms and course of an ordinary case of erysipelas are so well shown in a case I recently had that I can do no better than to present it.

The patient was a little boy nine years of age; had no predisposition to erysipelas, but was usually in good health. He had been on a visit to the country, and while there raced and tore about on horseback, overheating his blood, and then, childlike, plunging into a creek near by, staying in from a half to three-quarters of an hour. This was such a change, as compared with his previous mode of living, that he came to town complaining of a severe pain in his left groin. Upon examination there was found a single swelling, the size, form and situation of which corresponded exactly to a femoral hernia; but upon another examination, some of the most important signs of hernia being absent, the case was pronounced as being "chaffed," due to horseback exercise, something he had not been used to. Nothing but an arnicated pad was applied. His constitutional symptoms were, however, so severe as to lead to the prediction of something worse to come, for his fever and pulse were very high; temperature in the morning varying from 102 degrees to 104 degrees, and in the evening running up as high as 106. His pulse reached 140. He was exceedingly restless and at night delirious; he also suffered from a severe headache; his appetite was poor and had some thirst. No severe gastro-intestinal symptoms were present. Two days after, my attention was called to the swollen and inflamed condition of his left foot, the top of which had been slightly injured by a block of wood

falling upon it, radiating from the point of injury were red streaks passing nearly up to the knee; the foot was nearly double its natural size and the tenderness excessive, the slightest touch or movement causing the most excruciating pain.

The diagnosis, which at first was rather obscure, now became plain enough and the result fully justified it. The case developed into one of phlegmonous erysipelas. Large bullæ formed in various situations upon the foot, and the child was kept under treatment for twelve days.

Now this case brings out distinctly a point which I think in the majority of cases is overlooked, but one which that eminent clinical professor of Paris has spoken of, viz., "that glandular swellings must always precede the local inflammation." It was so in the case just spoken of, and if due attention was paid especially to cases of surgical erysipelas I think the fact would be confirmed.

The inflammation going on in these lymphatic glands probably accounts for the prodromic fever and severe constitutional symptoms; hence it is difficult to make a differential diagnosis of erysipelas and lymphitis. The causes of both are similar; they may occur together or the latter may run into the former. A distinction, however, makes but little difference where the case is treated homœopathically.

In phlebitis we have the hard, swollen, knotted and of course painful condition of the vein, and perhaps (if it becomes closed,) œdema—the

œdematous condition becoming an important diagnostic sign when the vein is so deep-seated as not to be felt.

From exanthematous diseases the presence and character of the irruption would be a sufficient differential diagnosis. In this connection I might mention that Baer says, "malignant attacks of erysipelas, to which patients are liable, more closely resembles erythema."

The prognosis of erysipelas is generally favorable. In some cases where there is a disposition for it to attack the brain or its membranes the prognosis should be guarded; if it be complicated with other diseases, especially any disease of the more internal organs, the prognosis is unfavorable; it also depends upon the deep-seatedness of the disease; the condition of the patient's health previous to the attack will also influence the result and should be taken into consideration. When the disease tends to a gangrenous destruction of the parts, which fortunately is a rare occurrence, but is a serious complication which calls for prompt and decisive measures of treatment, the prognosis should be carefully given. Extensive sloughing and suppuration may sometimes follow and death may be caused by septic poisoning. Chronic swelling, especially when the disease has affected cellular tissue, as of the eyelids, lips, etc., often follows, and is of little consequence, for by absorption, the œdema soon passes away. The occurrence of abscess,

bullæ, etc., need cause no alarm, for oftentimes they occur in the natural course of the disease.

Of the two varieties, medical and surgical, the former yields more readily to our remedies, and this brings us to our treatment which rarely fails to give the most satisfactory results.

It is not an open question among followers of the "old school" whether or not any form of treatment can shorten the course of this disease. The treatment of some of the best physicians of that school is "expectant," believing as they do that erysipelas as well as some other diseases must run their course, they refuse therefore to prescribe anything save a mild cathartic (if the patient's bowels be constipated,) and quietly remain watchers of Nature's course. The very absence of severe measures explains the limited success of this mode. On the other hand, however, members of the same school who use severe treatment, such as Iodine painting, blistering, bleeding, purging, etc., meet with little success, hence it is not to be wondered at that such a question should naturally arise. As regards homœopathy I see no reason why such a question should for a moment be tolerated. As well say one remedies do no good in other blood diseases, as diphtheria for instance, as to say our treatment can not accomplish good results in erysipela. We divide our treatment, for convenience, into constitutional and local, for I believe both to be necessary notwith-

standing that some in our school, who style themselves "pure homœopaths," would perhaps raise objections. Some applications, etc., used in the local treatment of any disease are proper and very necessary, and can be used without over-stepping the bounds of the law, "*similiar*." Such treatment coming under the division "general therapeutics," I give the principle indications of the following remedies which have been found most useful in the treatment of this disease. First on the list comes

BELLADONNA.

Belladonna will be found very useful in cases where there is flushed face, fever, throbbing carotids; smooth, tense, shining, bright-red skin; tendency of the inflammation to spread in streaks, restlessness, delirium and coma.

RHUS.

Rhus is as important as Belladonna. It is *the* remedy for vesicular erysipelas. In erysipelas where there is a tendency to attack the brain, dark bluish redness of the part, burning-stinging pain with œdema, prostration, fever, etc., Belladonna and Rhus act well together, in spite of a popular error that they are enimical.

CANTHARIS.

Cantharis is another important remedy for the vesicular variety, especially where the vesicles are small and numerous, dyspnœa, and the usual involvement of kidneys and bladder. The habit of some old school physicians of using the Spanish-fly blister, or of penciling the borders of the local

inflammation with Cantharis tincture, explains the success of this form of treatment—causing a cure on pure homœopathic principles.

APIS.

Apis is highly lauded as a remedy for erysipelas. It is especially useful where there is great œdema, the parts are of a lighter color than Rhus, no thirst, stinging pains; mouth and fauces may be inflamed, and when they are so, this remedy is especially indicated.

PULSATILLA.

Pulsatilla may be of use in erysipelas erraticum, shooting pains. If the disease affects the ear this remedy is strongly indicated.

SULPHUR.

In a scrofulous patient, smooth variety, disease hangs fire and remedies are not active, Sulphur may be indicated. There are other remedies which may be found useful, as Euphorbium, Bryonia, Lachesis, and Hepar sulph.

GRAPHITES.

Graphites may be useful in helping to eradicate the system of the chronic disposition of the disease to return.

When there is a tendency of the disease toward a gangrenous termination, Arsenicum, Carbo veg., Secale, and China will be of great benefit.

For the chronic doughy swelling and redness which remains and sometimes proves very obstinate in removing, Graphites and Sulphur should be used, and Hepar sulphur will prove beneficial if there be pain with the swelling.

For the erysipelas of old people, Arsenicum, Lachesis, and Ammonium carb. are said to be useful.

As regards the local treatment, I think much good can be accomplished by it. When the parts are very hard and tense, if a flaxseed poultice be applied it may prevent the necessity

of making incisions. If there is much stinging and burning, use applications to the parts of hot water and alcohol, after which the parts may be wiped off with Glycerine. The local treatment should, in all respects, be similar to that used for a burn.

A CASE OF VICAREOUS MENSTRUATION.

J. R. HAYNES, M.D., INDIANAPOLIS, IND.

Miss M. A. S., aged fifty-six years, has never had a normal menstruation. In place of the periodic discharge from the uterus, an irregular hæmorrhage from the colon occurred, from six to ten times during the year.

No examination has ever been made per vaginam, so no facts are known as to the pressure or absence of the uterus and ovaries. During the past twenty years these hæmorrhages have been preceded and followed by irregular action of the bowels, constipation preceding and diarrhœa following the flow. The diarrhœatic stools have been made up of hardened feces, blood, pus and mucus, and continued one or two weeks.

Cataleptic attacks occurred from two to six times during the year, attended by the usual symptoms of this nervous affection.

For ten or fifteen years she had been almost a constant sufferer from an intense, burning, smarting pain in the stomach so soon as food was

taken, and a great deal of the time what food entered the stomach was soon rejected together with mucus, pus, and at times streaks and patches, and more rarely small quantities, of blood.

In addition to this, and even worse, was a severe and distressing dysphagia, which the lady with whom this spinster lives informed me prevented her swallowing, for two or three weeks together, any solid food at all, and so little liquid nourishment that it was a miracle to all that she lived. There could be no deception in this case.

The food passed down, on any attempt to swallow, to a point about mid-way between the pharynx and stomach where it encountered a resistance, and after remaining a moment would be rejected with mucus and pus, and occasionally blood.

There was great tenderness over the stomach, poor appetite, weak digestion, and much flatulence, which

mostly passed upward. Palpitation of the heart, pain over the heart and liver. Heart sounds normal; liver normal as to size and position but tender.

I was called to see the case about a year ago, but did not commence to treat the case regularly until last May. My diagnosis was as follows:

Periodic congestion of the mucous membrane of the colon, and vicarious menstruation therefrom. This soon set up a chronic catarrh of the colon with the alternating constipation and diarrhœa. It is quite likely that there was also slight ulceration of the colon. This continued obstruction of the portal circulation increased the blood supply to the stomach, giving rise to gastric catarrh and later to ulceration. Which process extended also to the œsophagus giving rise to spasmodic stricture when the sensitive parts were irritated by the passage of food.

TREATMENT.

For the cataleptic attack I gave, by inhalation, Nitrite of Amyl, and inter-

nally, Zincum val. 3x, the result of which was satisfactory.

For the dysphagia and pain in the stomach, Atropia sulph. 2x, a powder one grain every two hours, for a few doses, then *ter. die*. At the same time I gave Plumbum met. 3x, twice a day. The effect of the Atropia was more than I expected. It relieved the pain and dysphagia and stopped the vomiting in the course of a week or less. Gave Plumbum met. two weeks, followed by Kali bich. 3x, one or two weeks.

Under this treatment my patient has improved so much that she now eats and drinks in comparative comfort. There is no vomiting, much less difficulty with the bowels. In fact under the use of Plumbum her bowels are more regular than they have been for years. The only other remedies I used in this case were Arsenicum 3, Lachesis 7x, Ignatia. I was not satisfied with their action and relied on Atropia sulph., Plumbum m. and Kali bich.

WHAT IS TO BE DONE AT THE SOUTH TO ADVANCE HOMŒOPATHY.

F. F. DE DERKEY, M.D., MOBILE, ALA.

[A Paper Presented to the Homœopathic Medical Society of Tennessee.]

When we review the increase in number of our practitioners, not only in the eastern, western and northern states, but all over the world, it is with a feeling of just pride in the progress

of our profession that we cherish the hope before long to be able to point to an equal or at least commensurable increase among ourselves at the south. At present we are unable to boast of a

similar popular favor in our section to that of the rest of the world, without having sufficient reasons for it. The fact, however, stands prominently before our eyes, and we cannot deny it, that homœopathic treatment is looked upon with less favor at the south than it is in other sections of this country.

The imputation advanced that homœopathy is less efficacious in the treatment of disease in our southern climate is utterly untrue, and is pronounced by those with whom the wish is father of the thought, and such of their followers who can be and are influenced by these insinuations of interested parties and who will repeat them without investigation or even thinking. The mass of people are woefully ignorant in regard to medical and physiological matters in general, and homœopathy in particular. They mostly consider the difference between it and the other schools to consist in the size of the dose only. This is a prejudice very extensively diffused among the people. They have heard it as an objection, and, incompetent to reason about it themselves, they accept and repeat it without further thought. The influence of the class whose interest it is to report homœopathy to be a failure, is wider spread than we are willing to admit or able to judge. It is brought to bear partly by family ties, clique, and sectional prejudices. These are hard to overcome, except by showing a better success in the treatment of disease on our part, and by more information, in

a popular sense, regarding homœopathy. When the people understand and feel that ours is a system offering them greater advantages than all others as to the restoration of the greatest earthly good, human health and this not slight indisposition alone, but in the most severe diseases mankind is heir to, then they will be more ready to shirk all minor considerations and adopt a milder and more rational treatment. Thus homœopathy will spread in this section also more rapidly, and the number of our practitioners will increase.

It is obvious that the dominant school has modified its treatment of the sick very materially by giving less medicine and adopting a more expectant and less active method of treatment. By pursuing this wise course one of the points of the extensive physiological investigations of late years, enhanced by the benign influence of our school, their treatment is crowned with greater success, and the deep chasm formerly existing between the different schools has, in a measure, disappeared from popular observation, as apparent by the frequently repeated remark, "Dr. So-and-so, gives but very little medicine." Whilst in many cases the treatment has been thus modified, and in instances of slight indispositions especially, its members will use homœopathically prepared medicines *without acknowledging the source from whence their information was gained*, yet, we hear occasionally of severe diseases subjected to the most cruel, crude, and murderous

teratment; the poor victims almost invariably bidding adieu to all human suffering, whether in consequence of the severity of the disease or treatment, deponent sayeth not. As the mistakes, as well as the misdeeds, of medical men are deposited frequently six feet under ground, we are left in the dark as to the real cause of such deposits. The first rule of the good physician, already laid down by the father of medicine, is, "not to harm, where good cannot be accomplished." Alas! how many times is it disregarded! It may be asserted without fear of exaggeration, that Calomel and Quinine have killed more people in this, our beautiful southern country, than the confederate war—the latter is over, but the former keep their sway and continue their inroads, although not to the same extent as formerly.

Bearing to be repeated, even though you should have heard it before, allow me to introduce at this point, as giving scope for reflection, a little doggerel poem copied from a newspaper.

THE DOCTOR'S STORY.

Deacon Rodgers, he came to me,
"Wife is going to die," said he.

"Doctors great and doctors small
Haven't improved her health at all.

Twenty women with remedies new
Both my wife the whole day through.

Sweet as honey or bitter as gall,
Poor old woman she takes them all.

Sour or sweet, whatever they choose
Poor old woman, she dare n't refuse.

So she pleases whoever may call
And death is suited the best of all.

Physic and blister, powder and pill,
Bound to conquer and sure to kill!"

* * * *

Mrs. Rodgers lay in her bed,
Bandaged and blistered from foot to head.

Blistered and bandaged from head to toe
Mrs. Rodgers was very low.

Bottle and saucer, spoon and cup,
On the table stood bravely up;

Physic of high and low degree,
Calomel, catnips, bone-set tea,

Everything a body could bear,
Excepting light and water and air.

* * * *

I opened the blinds; the day was bright,
And God gave Mrs. Rodgers some light.

I opened the window, the day was fair,
And God gave Mrs. Rodgers some air.

Bottles and blisters, powders and pills,
Catnip, bone-set, syrups and squills,

Drugs and medicines, high and low
I threw them as far as I could throw.

"What are you doing?" my patient cried;
"Fighting death," I coolly replied.

"You 're crazy," a visitor said;
I flung a bottle at his head.

* * * *

Deacon Rodgers he came to me,
"Wife is gettin' her health," said he.

"I really think she will worry through,
She scolds me, just as she used to do.

All the people have poohed and slurred
All the neighbors have had their word,

"T were better to perish some of 'em say,
Then be cured in such an irregular way."

* * * *

"Your wife," said I, "hath God's good care,
And His remedies—light and water and air.

All the doctors, beyond a doubt,
Couldn't have cured Mrs. Rodgers without."

* * * *

The deacon smiled, and bowed his head,
"Then your bill is nothing," he said!

"God's be the glory, as you say,
God bless you doctor, good day! good day!"

* * * *

If ever I doctor that woman again,
I'll give her medicine made by men.

It is needless to make any comments, I will point only to the stanza,

"T were better to perish, some of 'em say,
Than be cured in such an irregular way."

as applying admirably to the prevailing opinion and mental condition of some of the people.

To return to our mutton, I will ask the question, What shall we do to improve this state of affairs for the advancement of our own good and that of the cause; to have the progress of homœopathy in this section more in conformity with that of the rest of the world?

Let me endeavor to answer by proposing the following five points:

1. First and above all, let us be true homœopaths; be diligent and study our system; be able to cure our patients, *tuto, cito et jucunde*. This, after all, is the prime consideration, the rest are all secondary and will follow as natural consequences. We are all working to a certain end; we are but a link in the great chain of the medicine of the future, which is sure to come with the general advancement of science.

2. We should work in earnest and with harmony among ourselves in forming medical associations, where ever practical, and communicating with one another in a friendly and fraternal way for our own improvement and the advancement of the cause.

3. Popularize homœopathy as much as it is in our power, by disseminating reliable information in regard to its doctrines, mode of treatment, etc. For this purpose, such pamphlets as that of Dr. Morse, would be admirably adapted.

4. Make it known through the journals, and by other means, to the many of our colleagues elsewhere in search of good locations, that there are numerous eligible ones throughout the southern states, with a congenial climate, mild winters, etc., waiting for occupants, where an average good practitioner may build up a good practice with comparatively little delay. And last, but perhaps not least, I mention,

5. To educate qualified young men, as students in our offices, to become efficient practitioners of homœopathy to supply the future demand from material to the manor born.

This last proposition is undoubtedly more important than may appear at first thought. Southern-born men would start in practice with a prestige which foreigners or natives of other sections would be very long in acquiring, without other disadvantages to overcome, except the natural opposition of our step-brothers, which is more or less to be battled against everywhere.

In conclusion allow me to say, and it is with much pride I allude to it, that homœopathy has shown herself to be entitled to consideration, and the people will certainly judge impartially in the cause of the contending rival schools if left untrameled to do so—vide the state of Michigan and its university, where the war between the schools, going on for upward of twenty years, has been decided with great justice in favor of an oppressed minority.

Our school, though still derided and ridiculed by the dominant party, has acquired considerable influence throughout the length and breadth of the land. The time will come when the people will judge, and even our opponents, though reluctantly they

may come to it, will be compelled to allow us even justice and equality. It will be owing very much to our own sluggishness and apathy if our noble art should not be accorded a similar influence in these southern states.

MEDICAL REVIEWS.

In the *Investigator* of Dec. 15th, is noticed the pamphlet on diphtheria, lately issued by Wm. C. Dake, M.D., the reviewer evidently saying all he can in the way of disparagement, not even noticing the beautiful workmanship of the printer.

Reviews to be at all useful, should be candid and able, in no wise colored by feelings of jealousy or enmity, and they should give as much favorable mention as the case will allow.

How much *bile-tincture* had been generated by the previous appearance of an abstract of the pamphlet, along with other papers from the Tennessee State Society, in the *HOMEOPATHIST*, I cannot tell, but it would seem that some such cause had influenced the mind of the reviewer.

The first point made, by inference, is that "fungus" disease may not be *epidemic*!

If the critic should look up the term *epidemic*, he will find that its derivation as well as common use, in no way excludes from its domain such affections as may be caused by fungus.

The second point made is that fungus may not be the occasion of diphtheria because there must *first* be "a hyperæmic state of the mucous membrane."

The author of the pamphlet distinctly states of the disease, in his second conclusion, p. 52, "it does not attack persons in health."

And he further says, "there must be an inflamed or hyperæmic mucous membrane, or an abraded skin, for the lodgment and propagation of the peculiar germs."

The critic seems ignorant of the distinction, generally recognized, between *predisposing* and *specific* causes—the preparation of the ground and the actual sowing of the seed.

Whatever the conditions of the atmosphere, or of the *liver*, or any other circumstance or organ, external or internal, there must be one *specific cause* of diphtheria, communicated from individual to individual, by infection, or contagion; and when there is so much of that cause in the atmosphere, as to reach a large number of persons

at the same time, the disease is *epidemic*.

The third point made is, that the alternation of Nitric acid and Kali bich. "would give either O or a more virulent poison."

Such might be the case after the critic's figuring, in his laboratory; but in the field of practice, in the sick-room, where clinical experience speaks, such is not the case.

The algebraic question proposed, I do not hesitate to solve for the critic. "Nitric acid $\frac{1}{10}$ + Kali bichromate, (low)"=A CURE.

In the form of diphtheria mentioned by the author of the pamphlet—p. 31—these two remedies have been given in alternation with success and great satisfaction.

The time has gone by when the profession, in the selection and use of remedies, will be governed by the assumptions of men whose eyes are

open to see but half the good and half the evil that lies about them.

The author of the pamphlet, in speaking of his alternation of remedies in certain peculiar cases, said very properly:

"I believe in the use of the *single remedy* whenever the indications are sufficiently clear and our knowledge of the range and measure of the remedy so well defined as to warrant us in depending solely upon it; but I must say, once for all, that the knowledge of drug capabilities, as displayed in works on materia medica, is yet too imperfect to enable us, in all cases, to avoid the alternation of remedies.

For my part I shall not risk the life of any patient, confiding in my skill, in order to maintain a principle which contemplates a perfection of pathogenesis which does not exist and I fear will not exist for many a year to come.

SENEX.

MY CHARACTERISTIC FOR LACHESIS IN DIPHThERIA.

C. W. BOYCE, M.D., AUBURN, N. Y.

On the north of Auburn, for several months, there has been an epidemic of diphtheria which is slowly approaching us. Some few weeks ago it was within eight miles of us and remarkably virulent with a large percentage of deaths. Last week it came within three miles of us. A child of eleven months was taken with what was pronounced a cold. It was not

considered in any special danger but died at 4 A. M., January 6, 1878. At this time the mother was thought to have a cold like the child. I saw her about 9 A. M. On inspecting the throat there was found on the left tonsil a patch of membrane about the size of a three-cent piece. The breath had the peculiar smell attending diphtheria. She was prostrated,

with pulse 120; with all the other symptoms *there was a peculiar hard ache all over*—in the head, back, arms, and legs. She could not lie still but constantly changed position. When asked why she kept tossing about so, she replied that she ached so that she could not lie still. She fairly cried with the pain. *It was a steady, hard ache.* This has always been my characteristic symptoms for Lachesis, and where present I have *never* failed to produce relief with this remedy. Over and over again have I seen this distress yield in a few hours *together with all the other symptoms.*

In this case I dissolved a few pellets of what was once the 12th potency of Lachesis, in one third of a glass of water, and gave the patient two teaspoonfuls with directions to repeat every two hours until relief was felt or until my next visit. On the next day I found the patient easy and even hungry. I asked her how soon she got easier, and was told that soon after taking the second dose, the pain left. The disease left with it. The membrane remained in the throat for two or three days diminishing before it all went off.

Auburn, Jan. 14.

GELSEMIUM; ITS ACTION UPON THE EXTERNAL RECTUS MUSCLES OF THE EYE.

W. H. WOODYATT, M.D.

[Professor of Diseases of the Eye and Ear in the Chicago Homœopathic College.]

Asthenopia is a term which is now commonly employed to express, in a general way, the fact that longer or shorter use of the eyes, particularly for near work, is accompanied by discomfort—there being no external or internal inflammation present to account for the symptoms.

The discomfort may be experienced in the eyes or around them, in the head, or even in distant parts of the body, in ways that have been pointed out so clearly by different writers that details are unnecessary here.

Used alone the term asthenopia conveys no clear idea of the patholog-

ical condition which may give rise to the symptoms embraced in its definition, so that it is quite essential to a clear understanding of a case that such qualifying words as *accommodative* or *muscular* be prefixed. The first would include those cases in which the ciliary muscle was in a state either of spasm or paresis; and the second, such cases as were attributable to similar disturbances in the recti or oblique muscles of the globe. Or we may find that the ciliary muscle and one or more of the recti muscles are simultaneously affected, as, for instance, when impaired power of the

ciliary muscle leads to the production of spasm of the internal rectus, or *vice versa*, when a weakened internal rectus produces spasm of the ciliary muscle. The relation between the accommodative and converging muscles is so intimate and dependent that disturbance in the tone of one is likely to set up a disturbance in the other, and thus establish a discord where perfect harmony of action is necessary to successful operation.

There are cases occurring, however, in which neither the ciliary nor the recti muscles are at fault, in which no error of refraction exists, and where the ophthalmoscope fails to reveal any adequate explanation; where the general health is excellent, and yet the eyes cannot be used without discomfort of greater or less severity. It becomes a question whether our nomenclature should not be so amended as to have only such cases as these last included by the one word, *asthenopia*. When a distinct pathological condition can be determined and measured, it avoids confusion and favors accuracy to allow such pathological change to represent the accompanying symptoms. The same reasons which have been successfully urged for the limited use of the word "*amaurosis*" may be urged with regard to *asthenopia*. Until some general understanding has been obtained it will be necessary to specify the form of *asthenopia* to which reference is made.

ASTHENOPIA—WEAKENED EXTERNAL RECTUS.—GELSEMIUM.

From our own materia medica and

works on practice we know that *Gelsemium* affects markedly the ciliary muscle, and there is no doubt that its action is a paralyzing one.

When we interrogate the symptomatology concerning the effect of the drug upon the recti muscles the response is not so clear. We find that there is diplopia, and the malposition of objects is due to a disturbance of the equilibrium of the muscles controlling the movement of the eyeballs. Whether one eye or both may be affected we cannot determine, nor can we say which particular muscle is affected. "Double vision, controllable by the strength of the will, or when looking sideways, not when looking forward (during pregnancy,)" is the wording in one book, and in another we find, "sees double when inclining the head toward the shoulder." Apparently the two books describe opposite conditions. "Eyeballs oscillate laterally when using them," does not help us in the solution of the question, "Sees things double, one beside the other," does indicate that the difficulty is one either of the internal or external rectus; and in the endeavor to decide which of the two, the experiments of Ringer, Murrell and Tweedy during 1876, become extremely interesting and valuable. These experiments were made with the *Gelsemium* and its alkaloid, the Hydrochlorate of *Gelsemium*, internally and locally applied. It will serve our present purpose to use part of Mr. Tweedy's report. He used the alkaloid locally in the strengths of twenty-

four grains, and four grains, to the ounce of water, and records the results together.

Passing what he says about the effect upon the pupil and accommodation, which is corroborative of what we already have, we come to the effect upon the ocular muscles. "If the relative strengths of the internal and external recti muscles be carefully estimated by means of prisms before the employment of Gelsemium, it will be found that after the eye is fully under the influence of the alkaloid the internal rectus will overcome a stronger prism and the external rectus a weaker prism than before. This experience was uniform in all the cases in which the strength of the muscles before and after the application of the Gelsemium was tested, although it was not so pronounced when the weaker solution was used. The power gained by the internal rectus seemed to be relatively rather more than that lost by the external. For example in one carefully observed instance the internal rectus before the instillation of the Gelsemium could overcome a prism of 18° only with great effort, while the external rectus easily overcame a prism of 6° . Six hours after, when the eye was completely under the influence of Gelsemium, the internal rectus could easily overcome a prism of 22° and the external only one of 3° . In some other cases the difference was very much greater. There can, I think, be no doubt that Gelsemium, locally applied, affects the terminations of the

sixth nerve so that the strength of the external rectus is impaired; but I have been unable to determine whether the internal rectus becomes really stronger or gains power only relatively by the weakness of the antagonistic external rectus.

* * * Subsequent experiments (by Dr. Ringer and Mr. Morrill,) upon man showed that one of the first symptoms of the toxic effect of the internal administration of Gelsemium was weakness but not actual paralysis of the external rectus muscle. It would appear, therefore, that Gelsemium has a special affinity for the sixth nerve, although when given in large doses it profoundly affects also the third nerve. I could not detect any prominence of the globe from the local application of the Gelsemium in man, nor was the action upon the extra ocular muscles in any instance great enough to give rise to diplopia."

Certainly nothing in the way of proving could be more attractive to the homœopathist than this. It supplies the exact information which was wanting, and for the absence of which our use of the drug in muscular affections was necessarily conjectural, and would have remained until clinical experience had defined its sphere. One other point which attracted my attention was the botanical relation between Gelsemium and *Strychnos Nuxvomica*, both belonging to the order, *Loganiaceæ*, and *Nux v.* has been frequently employed successfully in paralysis of the sixth nerve which supplies the external rectus muscle.

Finding the indications for the use of Gelsemium so clear I commenced its use in some affections marked by an insufficiency of the external recti muscles. The following are some of the results:

ASTHENOPIA—WEAK EXTERNAL RECTUS
—HYPERMETROPIA—BLEPHARITIS.

E. T., male, aged eighteen. Eyes have been troublesome during three years. Continued use in near work has produced heat and smarting in conjunctiva, lachrymation, pain. At his first visit the following record was taken: Vision, $\frac{20}{20}$. Hypermetropia, $\frac{1}{30}$. Insufficiency of the external recti 3° . The lid edges are thickened and red, most marked along, and adjacent to, the roots of the lashes, which are encrusted with a scurfy secretion.

In order to determine, if possible, whether in this case the constant tax upon the muscle of accommodation incident to the hypermetropia had produced spasm of the internal rectus, or whether we were dealing with a primary weakness of the external rectus, the strength of each muscle was tested separately by the prisms. The internal rectus could overcome 25 degrees and the external between 4 and 5 degrees. Recognizing as truth the statement that the internal rectus of a normal eye should be five times as strong as the external, no evidence appeared in this trial of prisms by which we could answer the question in point. Nor could the ordinary prism test used to measure the amount of weakness of a muscle, as well as locate it, enable us to de-

cide whether we were confronted by a decrease in the external rectus alone. Gelsemium 6x was prescribed four times a day. After four days use the only change noticed was that the manifest hypermetropia was now $\frac{1}{24}$ instead of $\frac{1}{30}$. After eight days use the prisms showed 2 degrees of insufficiency, and in five days more the actual energy had been restored to the muscles, though they still lacked potential strength. Five days later no insufficiency was apparent, and although the eyes had been used a great deal and by lamplight they caused the patient no inconvenience. The remedy was continued in all one month, the result being removal of the insufficiency, disappearance of the asthenopic symptoms, and blepharitis. The hypermetropia remained unchanged at $\frac{1}{24}$, but glasses were not prescribed.

ASTHENOPIA—HYPERMETROPIA—BLEPHARITIS—INSUFFICIENCY OF EXTERNAL RECTUS.

M. L., female, aged thirty-five. Complains of the usual asthenopic symptoms, which have been present for more than a year, varying in their intensity with her work, surroundings, general health, etc. Use of the eyes brings on heaviness of the lids, inclination to close them, sensation as of sand in the eyes. Lid edges get red and look as if she had been crying. Bright yellow spots appear before the eyes. An examination brought out the following: Vision, $\frac{20}{20}$. Hypermetropia, $\frac{1}{36}$. Accommodation, $7''$ to $23''$. Insufficiency of the external rectus 3° .

The prism test to determine the strength of the individual muscles was of no more help here than in the preceding case. A near point of $7''$ in a person thirty-five years old, even with a manifest hypermetropia of $\frac{1}{36}$, again suggested the possibility that the apparent condition of the external rectus was produced by the over-taxing of the ciliary muscle, and that it might be more strictly correct to regard the internal rectus as in a state of spasmodic contraction, rather than the external rectus as actually weak. With this in mind, Argent. nit. 6x was prescribed four times daily, that the result might be noted. The remedy was taken for three weeks. At the end of that time the test was as follows: manifest hypermetropia, $\frac{1}{42}$; near point, $5''$; insufficiency of external rectus, 3° . The Argentum had acted characteristically upon the ciliary muscle, but the external rectus remained unaffected. The eyes were feeling better but still troublesome. Gelsemium 6x was now given four times a day, and continued thirty-seven days. In nine days the first indication of restored strength to the external rectus was discovered, the insufficiency being $2\frac{1}{2}^\circ$ (about). In two weeks more the left external rectus was almost normal, the right still exhibiting between 2° and 3° of insufficiency. In two weeks more neither of the muscles displayed any weakness, and the asthenopic symptom had disappeared, as had also the reddened condition of the lid edges.

ASTHENOPIA, AMBLYOPIA—INSUFFICIENCY OF THE EXTERNAL RECTUS.

T. E. D., male, aged ten. Complains of pain after using his eyes. Globes feel as if they would fall out. Lids get heavy when the eyes ache. Gaslight particularly unpleasant. Vision with each eye, separately, $\frac{20}{40}$? with both $\frac{20}{30}$. No glass helps. Ophthalmoscope shows only the slight hyperæmia of the disk that would be expected under the circumstances. Insufficiency of the external recti 2 degrees. Gelsemium 6x four times a day was prescribed. No change was perceived until a week had passed, at the end of which the intolerance of the light had disappeared and the eyes were correspondingly easier but the vision and muscular condition remained the same. In two weeks more vision was $\frac{20}{20}$, and the insufficiency was reduced to 1° . In one week more vision was $\frac{20}{20}$ easily and quickly. No insufficiency could be detected and the eyes were being used steadily at school without the least complaint.

ASTHENOPIA.—INSUFFICIENCY OF EXTERNAL RECTUS.

D. E. F., male, aged twenty-five, a student in the Chicago Homœopathic College, hands me the following: "I have had trouble with my eyes for about ten years, the degree varying at different times. The following were the subjective symptoms: Photophobia, in bright sunlight and after using my eyes by lamp or gaslight, for a few moments; burning, full sensa-

tion, with some pain and a desire to close the lids over the globe would follow the short use by gaslight. In the day time continuous use for an hour would tire the eyes. Professor W. examined my eyes with prisms and found insufficiency of the external recti muscles of 2° . He

recommended Gelsemium 30x, four times a day. After taking the remedy for two days a most marked improvement was felt, and the result of a two weeks continuance of the drug is that the insufficiency has gone and my eyes are better than they have been for fifteen years."

NEW PROCESS FOR APPLYING MEDICINAL SUBSTANCES TO THE INTERNAL SURFACE OF THE UTERUS.

M. S. CARR, M.D., GALESBURG, ILL.

It has been a matter of great difficulty to make direct application of medicinal substances to the internal surface of the uterus, and of late the cloth-tent has been used for that purpose. In using it I have found great difficulty in passing the tent into the uterine cavity for want of sufficient dilatation of the cervix. To avoid that difficulty, I have been using strips of cotton cloth, long and narrow, saturated with the desired solution. I use a Ferguson speculum, as large as can be introduced without difficulty, and as short as I can get. When the speculum is in position I put cotton around the cervix, (leaving the os visible,) so as to absorb the solution that is pressed out while passing the ribbon through the cervical canal. I also placed a good sized pledget of cotton at the outer end of the speculum. Having the ribbon well saturated with the solution, all but one

end, I lay it on the cotton, then taking the saturated end I double it over the end of the sound and pass it directly into the uterus, then withdraw the sound take another fold and pass that in, and so keep doing until all the ribbon is well packed in the uterus excepting the end which is dry, this I leave hanging out so that it is readily seized for removing the whole.

I have had a very difficult case of polypus of the uterus, which I have been assisted in the treatment of by Professor Danforth, and in reply to one of my letters he says: "It is very seldom that I hear of *anything new* in gynæcological practice, but your packing process is *entirely new*, and I believe valuable."

If my process of packing should prove to be valuable, and be the means of alleviating the sufferings of the poor afflicted woman, I shall feel amply rewarded.

RECENT EXPERIENCES WITH CUPRUM MET. 30.

A. W. WOODWARD, M.D.

[Professor of Analytical and Comparative Materia Medica in the Chicago Homœopathic College.]

The narrow therapeutic boundaries with which we surround many remedies are well illustrated in the very limited record that we find of the clinical uses of Cuprum. Practically this drug is excluded from consideration, except in severe cases of a few rare forms of disease. It proves curative in some cases of epilepsy, when the patient experiences the warning *aura*. And it has proved an excellent remedy for whooping cough, where the prolonged spasm of coughing comes suddenly, and threatens by its violence to become a general convulsion. There is no question of its power in controlling the intense contractive pains and cramps of cholera, especially when the alvine discharges have been moderate. And there are many physicians who have seen its prompt usefulness in the most desperate cases of laryngismus stridulus.

Beyond these conditions there is little testimony in favor of Cuprum. It has been recommended for chorea, asthma, eclampsia, and progressive ataxia (?); and by Grauvogl for pneumonia, but the conditions of its usefulness have not been sharply defined.

The specific relation which Cuprum has so often exhibited toward the motor nervous system in those diseases, should be a guide by which to broaden its sphere of application.

We need, however, to know the physiological conditions attendant upon its usefulness; by comparing we find the objective symptoms which call for Cuprum in epilepsy to be, spasm beginning in the extremities, attended by coldness of the hands and feet, and pallor or lividity of countenance. (Belladonna under contrary conditions).

In cholera we find essentially the same objective symptoms are recorded, coldness of extremities; pallor of countenance; cramps, first in the legs; thirst, not so urgent; collapse not so imminent, but contractions more painful and severe than found under Arsenicum or Veratrum album.

In laryngismus stridulus, the cases calling for Cuprum arise suddenly, the spasm is of extreme violence, and is followed by catarrhal symptoms and a fever of varying intensity and remittent in character; the spasm occurs before the hot stage or during the remission, cold hands and feet and pallor of countenance attend the spasm, and great mental irritability and loud complaints are most likely to attend the fever.

Since the new year, fever cases exhibit some new features. A protracted chill, lasting sometimes thirty-six or forty-eight hours, is attended by decided nervous phenomena, exces-

sive restlessness, jactitations, and involuntary contractions; or in severe cases, intense pains, frequent spasms, violent convulsions, or raging furious delirium—some of these conditions, varying in intensity, are among the first complaints. As the heat increases these symptoms abate in violence, though the mental excitement and restlessness continue, the face is now somewhat flushed, but the eyes especially attract attention, they appear to be seriously inflamed, yet cause no complaint, the pupils are normal but the sclerotic is decidedly reddened, sometimes deeply injected, this appearance remains through all stages and is attended by only slight catarrhal irritation which extends to the nose and throat. Continual and extreme thirst exists during the hot stage only; loss of appetite, constipation, and cold hands and feet, persist until the disease is conquered.

This fever presents daily remissions, it rises in the afternoon and continues far into the night; with the subsidence of the heat, the nervous symptoms return with violence, and sleeplessness gives way to stupor and delirium. These general symptoms portend local disturbances of more than ordinary severity and danger, and they may be remote from the nerve centres.

MENINGITIS.

On January 13th, was called to a lady in convulsions, she was not an epileptic. Apparently in health the day previous, she had risen complaining of coldness and an intense head-

ache, for which she had found no relief. This pain had increased until about 11 o'clock, when she was seized with an epileptiform convulsion, beginning at the hand. These convulsions were repeated with varying severity every ten to fifteen minutes, and continued for several hours, during which she was in a prolonged chill, and was most of the time unconscious. At 2 o'clock, Cuprum 30 was given, and within an hour it was observed that the intervals between paroxysms were lengthening; by 6 o'clock the convulsions had ceased and consciousness was restored. The headache, however, was intense and the temperature raised to 104 degrees. The fever and pain continued until toward morning, when frequent syncope and jactitations indicated returning spasms; they were however avoided without a change of medicine and have not since returned. The headache and fever gradually decreased in violence, but as the patient improved partial paralysis and anæsthesia of the left side was manifest. These symptoms did not increase, and under the continued use of Cuprum 30 the patient is making a very satisfactory recovery.

ACUTE HYDROCEPHALUS.

January 9th, was called to an overgrown child, four years of age. The case appeared to be catarrhal fever with remittent symptoms. The peculiarities were: Extreme petulance and restlessness; sudden starting from sleep; blood-shot eyes; insatiable thirst; cold hands and feet;

no cephalic cry, but instead a moan; constant motion of the eyes, even in sleep; obstinate constipation had existed for a week preceding; abdomen retracted; urine normal in quantity but dark and saturated. The fever continued, and the nervous symptoms increased, until on the fourth day convulsions were imminent. An unfavorable prognosis of acute hydrocephalus was then given, and Cuprum 30 administered. On the seventh day, the fever was conquered and the nervous symptoms abated, and eleven days after commencing treatment, (having wasted four,) the child was convalescent.

LABOR PAINS.

In a case of confinement, extremely violent and prolonged labor pains were attended by severe headache and cold extremities. Labor was completed rapidly, but the pains continued violent, though *Secale* 6 had been used. No amelioration was obtained until Cuprum was given; it promptly checked the pains, alleviated the headache, and removed the fever which was rising.

CONGESTIVE ASTHMA.

In a severe case of congestive asthma, with cold extremities and great fear and anxiety, the paroxysms came very suddenly, with extreme oppression, and yielded slowly. Cuprum 30 cured in two hours.

CYSTITIS.

A case of cystitis following confinement, of three weeks duration. The peculiarities in this case were, urination every hour or less, with forcing

pains as severe as labor itself, these both preceded and followed the act. Urine saturated, excessive, and at times glutinous; hypogastrium very sensitive to pressure and hot to the touch; cold feet and hands; fever every afternoon with inordinate thirst; sleepless night and day. These complaints, though of so long duration, were entirely cured in one week by Cuprum 30.

MORNING SICKNESS.

In a case of morning sickness, vomiting occurred many times each day, attended by agonizing and long-continued pain and retching, frequent cramps in the limbs increased her sufferings, and great mental disquiet and restlessness night and day, were also characteristic. This condition of two weeks duration was relieved in twenty-four hours by Cuprum 30.

INFLAMMATION OF STOMACH AND BOWELS.

There is certainly enough post-mortem evidence from cases of poisoning, to warrant the use of Cuprum in inflammations of the stomach and bowels, when the concomitants of violent spasm and pain attend, yet there is little evidence of its use here. I have tried it in but one case of threatened gastritis when it worked promptly, the indications being extreme and long-continued singultus, with frequent vomiting of greenish bile, great heat in the stomach, and drinking much in excess of matters vomited, the pains however seemed to attend the hiccough, and were in the region of the diaphragm, especially on

the left side; cold extremities, and great apprehension of mind attended this condition, which was cured promptly by Cuprum.

THE DOSE.

Concerning the dose of Cuprum to be used when such constitutional conditions are found, although it is true that a few doses of the 6th or lower attenuations may be tolerated and good results obtained, I am convinced that the use of this remedy below the 30th for a longer period than twenty-four hours, will be followed by serious medicinal aggravations that will not only require an antidote, but will protract the sufferings and "spoil the case." Of this I am persuaded by experience in a number of instances, among them one of entero-colitis, it showed decided improvement for twenty-four hours under Cuprum 6, but the next day the patient exhibited alarming aggravations that called first for *Nux vomica* and afterward for *Hepar sulphur*.

In the case of a child with a suspicious papular eruption and catarrhal fever, attended by the nervous phenomena calling for Cuprum, the 6th induced a serious increase of the cerebral symptoms, only relieved after the occurrence of the characteristic Cuprum diarrhœa.

In all cases treated with the 30th, improvement was manifest very soon, and continued without interruption and with no new developments until convalescence was established.

A remarkable correspondence exists between Cuprum and *Veratrum viride* in their relation to convulsive forms of disease. The main distinctions are to be found, I think, in the mental symptoms and in the conditions of aggravation. While the Cuprum patient is wildly excited and anxiously restless and fearful, he also exhibits spasms or convulsions at the beginning or in the cold stage of the fever. The *Veratrum* case, on the contrary, is dull and apathetic, low-spirited and quiet, and the spasms increase with the heat. Another distinction is to be found in the intense suffering and extreme thirst attending the Cuprum cases, while with *Veratrum* the pain is not so great nor the thirst so urgent. Again, the structural changes resulting from poisonings indicate Cuprum to be by far the more efficient and deep-reaching remedy, and adapted to more extreme and dangerous cases; but this is of no moment, as our choice should be governed by the concomitant mental conditions and actions above mentioned.

CLINICAL HINT.

Pat. W., aged forty-six; had syphilis when twenty-five years old. Has now red sand in the urine, pains in

the tibia, bloating after eating. Is hungry for meals, but is soon satisfied—soon filled up. *Lyc.* benefited.—*H.*

THE USE OF PESSARIES.

ALBERT G. BEEBE, M.D.

[Professor of Principles and Practice of Surgery and Clinical Surgery in Chicago Homœopathic College.]

II.

Aside from the modification of the Hodge's closed lever pessary, the one which would seem to most nearly fulfil the indications is the Cutter pessary as modified by Thomas. The objections to this instrument are that the pressure against the fourchette and the presence of the rubber tube in the cleft of the nates, often cause excessive annoyance.

However, as this would only be required when the vaginal pessaries could not be retained, it may fill a gap not otherwise so well occupied.

The treatment of retroflexion will hardly require, ordinarily, pessaries essentially different from those employed in retroversion, but in flexions it will often occur that something besides mechanical supports will need to be employed before the uterus can be induced to maintain its normal rectitude. This remark applies especially to ante flexion which is, by far, the most exasperating form of displacement upon record; and is also, unfortunately, the most common. At least such is my experience. It is predominantly a disease of the nulliparous uterus, though not exclusively so. It is generally a condition of mal-nutrition of this organ and very often associated with an

obstinate form of anorexia and general mal-nutrition of the entire system.

Such patients often succeed wonderfully in defying all efforts to make them eat or sleep; and are nervous beyond our most sanguine expectations.

The uterus is excessively irritable and sensitive, as well as depreciated in vitality, flabby, and sluggish in responding to treatment; but, when replaced in its proper position, exhibits a perseverance in returning to its distorted state that is truly astonishing and would be admirable, were it exerted in a better cause.

There are several reasons why the use of pessaries in this condition is especially difficult and unsatisfactory.

In the first place it is difficult to construct a pessary which will pass up sufficiently far in front of the womb to hold it upright without unduly distending the vagina or being exceedingly awkward to introduce. In the second place the anterior vaginal pouch is often too shallow to allow a pessary to pass up in front of the uterus beyond the point of flexion, and in the third place, the womb not unfrequently acquires a fixed curvature which nothing short of direct extension by a ten pound weight would overcome.

This naturally makes one think longingly of intra-uterine pessaries, and if these uteri would only tolerate them, they would indeed be a God-send.

So long as the patient will submit to their use, nothing can compare in efficacy to laminaria tents, dried in a curved form and introduced to expand and straighten. These may be followed by sponge tents, if necessary, and really constitute one form of intra-uterine pessaries, when thus employed.

It is not to be supposed, however, that antelexions are not to be controlled by pessaries. They may be, in a large majority of cases, if we have the patience to find the proper instrument for each case. Before introducing a pessary, it is to be borne in mind that, without doubt, nine-tenths of the cause of flexions consists in undue pressure from above, produced, mainly, by tight clothing. This pressure must be removed as far as possible by loosening the clothing and, in some cases, by the aid of a proper abdominal supporter.

In a few cases I have found a small oval ring, introduced in front of the cervix, to be retained and answer admirably. This is more likely to succeed if it is bent around the side of a cylinder, say an inch and a half in diameter, and introduced with this concavity forward. In most cases, this will get out of place; and to avoid this I have sometimes fixed a short projection upon the lower segment of the ring, (like the handle upon a hand

mirror,) which being about half an inch in length, is held in the posterior commissure of the vulva and so prevented from displacement. Thomas, of New York, has evidently devoted a great deal of study and mechanical invention to the treatment of this form of displacements and has brought out quite a variety of pessaries for antelexion and -version. Among these that which usually bears the name of Thomas' anteversion pessary is probably the most valuable. When the vagina is sufficiently capacious and the uterus heavy enough to bring it down into the grasp of the instrument this will often succeed admirably; perhaps more frequently than any other single form. It will often occur, however, that the flexed uterus will lie upon the top of the anterior bow of this pessary, or, indeed, of any other that can be devised.

The latest form which I have devised, but which I have not yet had sufficient opportunity to test fully, is simply the modified Hodge's pessary, (as described in the previous paper,) bent strongly upon itself so that the upper or uterine extremity shall pass up in front of the cervix instead of behind it. It seems to me to fulfil every indication; and if a more extended trial shall justify my hopes and anticipations, it will prove to be "the way I long have sought," for reaching these cases, *tuto, cito et jucunde*.

To enumerate and criticize the host of pessaries which have been brought forward by various persons would re-

quire an expenditure of time and paper which the labor would not repay. Any one who has any practical familiarity with the disease and the principles of its treatment will not be misled by such trumpery as many of these are.

A successful pessary, let it be borne in mind, should be readily introduced and replaced, should not unduly distend the vagina and should be light, cleanly and not liable to become displaced or to irritate the parts. Some cases, which had defied other appliances, I have successfully treated by a stem pessary curving somewhat forward and terminating in a rounded T-shaped head, and supported by four rubber elastics, (as described when speaking of prolapsus,) or, still better, having in place of the first six inches of the rubber tubes passing forward through the groins, firm elastic branches fixed to the lower end of the stem, thus securing the stem against being deflected backward out of its place, possibly behind the womb. This has the advantage that it can be readily removed and replaced by the patient each night and morning, thus securing cleanliness and avoidance of irritation.

After all, when we have tried all kinds of pessaries, have dilated with tents, invigorated and stimulated the womb by local treatment; or the intra-uterine electrode of the Faradic or galvanic battery; have restored the general nutrition by food and internal medication, there are still some cases which will make us feel that

much is yet to be desired in the way of means to satisfactorily handle all cases of ante flexion.

One of the most important questions in the use of pessaries will naturally be, How can the practitioner accurately adapt pessaries to each patient or change them from time to time as the exigencies of the case may demand? This cannot be done so long as each instrument must be bought of the instrument maker at an expense ranging from half a dollar or a dollar upward, even as high as twenty-five dollars, and made by a mechanic who can have little conception of the principles of the apparatus and much less of the case for which it is to be employed. A large proportion of the Hodge's pessaries, for example, are utterly worthless in the shape they are sold. The physician who would expect to *fit* a pessary to each of his patients requiring one, would need to have a peck basket full at his elbow, and as no one but a specialist could afford to do this, the result is that very few pessaries are adapted to the patients who are condemned to endure them. The only method of solving this problem, in general, is to have pessaries made, or to make them, of some material which can be readily molded to any desired form.

So far as I am aware, no other material is so generally available, so cheap and cleanly, and capable of being wrought into every possible kind of pessary as gutta percha.

The expense of the material is in-

significant, and, with a little skill and experience in handling it, it can be made, with the occasional assistance of a little brass spring-wire, to answer for every kind of uterine dislocation. Hard rubber is also capable of being shaped within certain limits, if carefully heated, but cannot be lengthened or shortened, nor is it elastic enough to yield to the pressure of the organs, as gutta percha will do. It admits of a more perfect finish and is entirely impervious to moisture, and is therefore even more cleanly than the other. A variety of pessary has been recently introduced consisting of a rather stiff copper wire covered with pure soft rubber. These are flexible enough to be easily bent into any desired shape, and firm enough to hold that shape when introduced. If carefully guarded against becoming offensive from the secretions, they will certainly prove exceedingly convenient.

This brings us naturally to consider the length of time a pessary should be allowed to remain *in situ*, without removal and examination. A great deal of abuse has been heaped upon pessaries in general, on account of the abominable abuses which have been perpetrated through their agency.

No physician should leave a pessary in a patient's vagina without explaining clearly the necessity for its removal within a week or two at farthest, and *at once*, if it causes much disturbance.

It is the duty of the physician to see to it that every pessary he introduces is removed as often as every

week or ten days, and a day or two interval given before its reintroduction, especially if it produce any irritation; and any one who would permit a patient to wear such an instrument, no matter how simple, for months continuously, as has often been done, is guilty of the grossest malpractice.

When it is possible to construct instruments so as to allow the patient to remove and introduce them whenever it may seem necessary, it is very desirable to do so, on several accounts. It may be necessary or desirable sometimes, to erect the pessary as a barrier between husband and wife, but it would not be prudent in all cases to make it so too continuously.

In a majority of cases where such mechanical aids are required for the correction of uterine deviations, they will, if skillfully managed, discharge their duty and may be discarded in the course of a few weeks, or a very few months at most. There may be cases in which pessaries may be required for a much longer time or even for the remainder of life, but they are the exception and not the rule.

Of course it is almost unnecessary to say that it often occurs that conditions of acute inflammation or excessive sensitiveness of the uterus will render the use of any form of pessary impracticable for the time being. These conditions must be overcome by other kinds of treatment until the use of mechanical aids will be tolerable.

It is to be hoped the time has

nearly come when one portion of the profession will cease to denounce all pessaries as mischievous and useless ; and the majority of the remainder will no longer throw some kind of pessaries

at their cases of uterine dislocation in a random sort of way, being guided only by a vague notion that some kind of appliance called a pessary might be of benefit and ought to be tried.

HOMŒOPATHY ILLUSTRATED

SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrators and forward them to the editor.

20.

INTERMITTENT FEVER.—RHUS TOX.

H. V. Miller, Syracuse, N. Y.

An editor residing at Oswego had tertian fever two weeks, with dry, racking cough, *always coming on during the chill*. He also had enlargement of the liver, which was very sensitive to the touch. The chills came on every afternoon followed by heat and then sweat. Quinine had been freely administered without much apparent benefit. There was considerable debility and emaciation. On his well day he came to me because I had once abated for him an attack of typhoid fever, (with Gelsemium). The dry, racking cough, coming on during the chill, at once suggested Dunham's clinical experience with Rhus tox.

April 3, 1877, Rhus tox. 200, four powders were given to be taken one occasionally during eight days. But one slight paroxysm followed.

April 12th and 15th, China 6 was given for the enlargement of the liver. Patient speedily recovered and has remained well ever since.

21.

RAIN-DRENCHING.—BRYONIA.

J. P. Mills, Chicago.

August 14th, a lad of ten years, was out in a hard rain, let his clothes dry on him. Taken next day with high fever, sickness at stomach, delirium, urinating unconsciously. I first saw him at 7 P. M. In addition to previous symptoms he was very deaf and stupid, took sometime to comprehend what was said to him ; respiration irregular ; two or three short would be followed by one long expiration ; tongue *coated white* in middle, the edges natural only very thick ; violent aching pain in forehead ; aching of the limbs ; restless ; pulse, 130 ; temperature, 105.

Prescribed Bryonia 30, in water,

teaspoonful every two hours. The patient became more quiet and slept some after midnight, and at 10 A. M. I found him comfortable, bright, hearing restored; pulse, 72; temperature, 100; tongue nearly natural. The white coated tongue was the deciding symptom in favor of Bryonia rather than Rhus.

22.

DIGITALIS.—GASTRIC DERANGEMENT.

J. L. Gage, Farmington, N. Y.

In June, 1867, was called to visit Robert, a lad of sixteen. He had been sick about a year. Three or four physicians in turn had treated him, but with no benefit. He was slender and very much emaciated, though able to dress himself and walk about. The case presented the following symptoms: Some appetite for food, but as soon as he ate, no matter what, it soured and regurgitations commenced. He spit it up by mouthfuls, as he expressed it, "sourer than any vinegar." After his stomach was emptied he had a terrible pain and uneasiness, which lasted one or two hours. Every time he ate there was the same repetition of symptoms. Bowels moved some, not costive.

Gave Calc., Carbo veg., Sulph. acid, Sulphur, and other remedies in succession for four or five weeks, with no benefit. The boy was growing weaker and I began to despair of curing him. I now observed his pulse was very slow, and he had a cold and blue

look, and the surface and extremities were cold. This lead me to think of Digitalis, and on comparing the stomach symptoms I found it just the thing. Gave it to him and the effect was like magic. In a week he was nearly well; in six weeks he was strong, healthy, and fleshy, and remained so—is a strong, healthy man now.

REMARKS.

Our resources now are almost inexhaustable, and there are very few cases of acute or chronic diseases but what the appropriate remedy can be found by patient research. The dose in my estimation is of minor consideration. I use both high and low, but have made as brilliant cures with low as was ever made with high potencies. Let the physician exercise judgment and discretion, consider the age, temperament and condition, then select the potency accordingly.

23.

SALT-RHEUM.—SULPHUR 200, Sarsaparilla 200.

W. F. Shepard Bangor, Me.

Mrs. T., had been troubled with a species of eczema in "the bend of the elbows," on the back, on the inner aspect of the thighs, and in the popliteal spaces. I suppose it would be popularly termed "salt-rheum." It itched intolerably, especially nights, and was worse after she "got heated."

Sulphur 200, two doses, followed by Sarsap. 200, six doses, cured in a few weeks.

NOTES, QUERIES AND REPLIES.

THE ABSORPTION PROCESS.

I have been reading an article in your number for November, by E. M. Hale, M.D., entitled, "A Critical Period for Homœopathy."

I am somewhat surprised at the fears expressed regarding the absorption of our school into that of the *irregular*, for I choose to term them as such.

From my standpoint, I cannot see why or when we are to lose our identity as homœopaths. The mere fact of the irregulars (for they become such as soon as they tamper with anything other than what allopathy teaches,) prescribing our remedies and stating that they are non-homœopathic, does not alter *the fact* that they are homœopathic. It is true that they do use our remedies, it matters not whether they claim them as their own mixed prescriptions, the fact is the same, and we know that if they are not *administered* under the law of *similia* they do not have the desired effect, and therefore are not homœopathic. I cannot but feel that the question of absorption is altogether in our hands. The fact that our own school are careless in extending the courtesies of our school to those who choose to *call* themselves homœopaths, without the proper safeguards as to acquirements and credentials, is in my opinion one great trouble with us. These self-styled homœopaths not

understanding the principles, nor caring to understand them, finding they do not get the results looked for, fall back on something else in direct opposition to the law of *similia*, and call it homœopathy. It is of such as these that we should be afraid, and by more care we can go on in the way of success to ourselves and maintain the purity of our school.

These self-styled homœopaths do more to injure the fair fame of Hahnemann and his teachings than any other one thing. I contend that it is impossible to be swallowed up or absorbed by the other school from the fact that the two principles are antagonistic with each other. If they get results as Dr. H. says they do, it must be homœopathic, and should they continue to so administer, it will be seen that they are using other peoples' property. The homœopathic school is a power in the east, and we control the most intelligent portion of the people as our patients, and it will be a sorry day, when this absorption question gets earnestly before the people. I cannot for a moment entertain the thought or the argument that we are so near being swallowed by the hydra-headed demon, as depicted by our good Dr. H. Homœopathy is *homœopathy*, or it is nothing. It must stand or fall upon its declared principles.

Shall we as representatives of the

teachings of Hahnemann care for the purity of our principals, and the purity of motives in his representatives? Is it not worth a passing thought?

Homœopath.

WHAT SYMPTOMS INDICATED THE RHUS?

I.

Under the above caption, there is a communication in the December number of your valuable journal, from Dr. C. A. Mooers, of Lawrence, Mass.

1. In my opinion the symptoms that indicate Rhus the most strongly was, the dizziness when rising in the morning and sensation of rush of blood to head.

2. All aggravations of Rhus are when lying down in the morning, and when the patient first begins to move.

There may have been other symptoms that were not thought of by the patient or obtained by the Doctor, that would have indicated Rhus as strongly as the above.

Pittsburgh. *D. C. Kennedy.*

II.

Dr. Mooers statements regarding the case are rather vague, and one is led to conclude that the exhibition of the drug was empirical for he says, "I gave it because it cured a hopeless case of boils." The prominent symptom of constant hunger in all probability was only the sympathetic action of the stomach. The boils and the sensation in the head and stomach point most undeniably to the Rhus. The whole business was in all probability a morbid condition of the circu-

lation, superinduced by some noxious poison at an early day in the history of the patient. I find in Hull's Jahr, where the symptomatic details of Rhus are given, a pretty good portraiture of the case in point, and doubtless would find a better one had the Doctor given a better history of his case. The symptoms indicating the Rhus were those of the head, stomach and cuticle. See Hull's Jahr, title Rhus tox.

Goodland, Ind. *J. B. Wescott.*

LAPIS ALBUS AGAIN.

On page 182, Vol. I., of your valuable journal, Dr. B. F. Dake takes some exceptions to an abstract from an article read by me, before the Hahnemann State Society of Iowa. Had Dr. Dake referred to the original article, he would have discovered I did not laud Lapis albus as a specific; in fact, being a homœopath, I do not believe in specifics, neither do I believe cancer to be a local disease, or to be cured by local treatment. The Rumex acetos was used in the case reported without my knowledge and consent, although I was aware it had long been a popular remedy for cancer.

I regret as much as the Doctor, that that he has been disappointed in Lapis albus, its use has not been altogether satisfactory to me, but neither is it satisfactory to feel you can do nothing with a cancer, so I wanted to compare notes and get at the experience of others, knowing that even attrition is sometimes useful. One word more, Rumex acetos is not

Sheep sorrel, but the Sour dock of our gardens and Europe, the other, if I remember rightly, is *Oxalis violacea*.

E. Cartwright.

WILL NERVOUS EXCITEMENT ACCOUNT FOR INCREASE OF THE UREA?

A. H. B., my college chum, on the afternoon of Nov. 25th, was taken with a severe pain in the first right inferior molar. During afternoon and evening, at the request of sympathizing friends, he had tried a variety of remedies, such as "Golden ointment," Camphors, etc., all of which "made him no better fast." He tried to sleep, but could not from the pain, which was of a sharp, shooting character, lasting for about fifteen minutes, followed by a partial amelioration for about the same period. Having had similar attacks in which cold water had proved beneficial, he applied it and found it a "friend in time of need." In the early morning I awoke and found him in the next room sitting in a chair with a pitcher of water on one hand and a water-bucket at the other. He had had almost two gallons of water in his mouth, and was free from pain as long as the water was cold; the pain

returning as the water became warm. This was enough. I dressed and walked half a mile through the rain to a drug store, and obtained Coffea 3, Boerick & Tafel preparation. He took a few drops without any immediate effect. Then applied it to tooth and gum with the result of cessation of pain in less than two minutes. Found it necessary to apply it every thirty minutes to prevent returning of pain. In the afternoon had the tooth extracted. It had a large cavity which had been filled two months previously with "silver cement." He used $1\frac{1}{2}$ drachms of the Coffea 3. Had examined his urine for a week previous and found it normal. For the twenty-four hours following the use of the Coffea there was a great excess of urea eliminated. Did not examine it myself as I knew nothing of it at the time; but thirty hours after the use of Coffea I found his urine normal. There was more urea than there should have been from the loss of rest. Tea, coffee, and alcohol, when used as beverages, decrease the amount of urea. Will the nervous excitement account for the great increase in the urea?

Clark DeMuth.

NEW PUBLICATIONS.

THE HOMŒOPATHIC TREATMENT OF SPINAL CURVATURES ACCORDING TO THE NEW PRINCIPLE. By E. C. FRANKLIN, M.D., Professor of Surgery in the Homœopathic Medical College Missouri. St. Louis:

H. C. G. Luyties: pp. 80; paper, \$1.

This is a neatly gotten-up pamphlet of eighty pages, giving a history of the various stages of spinal disease from

cause or commencement to cure or termination. "The New Principle," means a modification of, and improvement upon, many of the ideas enunciated by Prof. Lewis A. Sayre. The various deviations from the normal spine are nicely illustrated by engravings, as are also the mechanical appliances. The operations sometimes necessary are described with the clear conciseness characteristic of the author. Aside from mechanical appliances, much stress is laid upon the homœopathic treatment. The Professor has tabulated a number of cases, giving history, symptoms, treatment, and result. The homœopathic profession may be congratulated upon the advent of a Sayre within its domains.

CLINICAL THERAPEUTICS. Part IV. Contains Ars., Calc. carb., Merc. sol., Merc. viv., Merc. dul., Merc. cor., and Nitric acid. By TEMPLE S. HOYNE, M.D. Chicago; \$1.

We are glad to announce the appearance of Part IV. The remedies treated of in this number are among

the most important in our practice and the cases given thoroughly illustrate the indications for, and the action of, the remedies under discussion. Let us remember these helps when we are searching for "the remedy."

PATHOLOGY AND TREATMENT OF DIPHTHERIA. By WM. C. DAKE, M.D. Philadelphia: Boericke & Tafel; Nashville: Wheeler Bros.; pp. 54; paper, 75 cents.

The pathology is condensed compilations from different authors—their latest researches.

The treatment gives a favorable showing, as for instance, out of 175 cases treated 164 were cured. In regard to the remedies used we cannot with the author feel that Merc. iod. is rarely useful. Neither do we think it necessary to use the 1st decimal dilution of Nitric acid with it in order to apply the law of similars successfully, still we must allow that the results obtained were decidedly favorable. The pamphlet itself is a model of typographical neatness and skill and the writing pleasing and pointed.

EDITOR'S CABINET.

SINCE the absorption process has occupied our thoughts somewhat, we have been surprised at the many evidences of change that have come to our notice. It is not an uncommon thing, even in our own city, to hear of homœopathic doctrines being enunciated from the allopathic rostrum—yet without the source being acknowledged. Listen to a professor in Rush Medical College, as he speaks to his

class on venereal diseases: "A very good way to give Mercury to children, is in the first decimal attenuation of the homœopaths. Not that we wish to copy them, but we have found this to be a very effectual preparation. You need not buy it of them. Make it yourself—one part to ten of sugar of milk. Triturate a good while." With Dr. Hale we may call out, "Shades of our allopathic fathers!" and

this in *Rush Medical College*! While we notice these changes we cannot with Dr. Hale feel anxiety lest homœopathy be drawn into the allopathic vortex; their stealings are carried on with too high a hand. While they may flatter themselves that they can ride, in a measure, under our livery, incognito, the masses of people cannot be so deceived. Forced to yield to Nature's grand law, at last, they will acknowledge its great power as first uttered by Hahnemann. In this same vein of thought we may turn to the eclectic sect, here, however, we observe a more manly course pursued. During the past month we have had occasion to meet several prominent gentlemen of the eclectic practice in another city. We found them liberal in thought and act, consistent with the name distinguishing them. Like gentlemen they stood before their college class, and acknowledged that many of their most valuable curative agents came from homœopathic sources, that our law had a place with them and that their students would

do well to provide themselves with homœopathic literature. They even claimed that some writers whose names are eminent in homœopathy were physicians after their own heart. So much the better for the eclectics—if they get as near *the law* in practice as some whose names they claimed—there is hope of them in the kingdom. Proud of their name, which sounds well, let them not call us illiberal when we decline to leave our *law* of practice and adopt a prescription method that some patient has recovered under. A physician has no business to call himself a homœopath who does not believe in the truth of the *law* upon which the whole structure of homœopathy rests. Believing in this *law*, from evidence, he will do better to bend all his energies to master its indications, appearing in the various drugs and constitutions, than to adopt a plausible name and a practice not founded upon an exact science. Our law investigated practically, even against prejudice cannot fail to proclaim its own truth.

MEDICAL MEMORANDA.

LACTOPEPTINE.

This important addition to our list of remedies has found much favor with the medical profession of all schools of practice. Certainly, as its formula would indicate, it can but relieve an over-tasked stomach and give time for nature to recuperate.

There is a class of cases in which this remedy has, in our experience, been particularly useful, viz., working men who have been forced to be quite irregular in their habits of eating and who *feel* greatly hurried when they do eat, and in consequence have acquired the habit of "bolting" their food until nature rebels decidedly at the outrage. Lactopeptine here enables them to keep at work, while the homœopathic remedy, specific to the constitutional condition, is sent on its mission, and

good advice warns the patient to beware of further transgression of Nature's law.

In all cases where there is deficiency of the digestive juices the Lactopeptine will be found to be a valuable adjunct to the homœopathic remedy.

ITEMS OF INTEREST.

The New York Ophthalmic Hospital corner Third avenue and Twenty-third street, present the following report for the month ending Dec. 31, 1877:

Number of prescriptions.....	3142
Number of new patients.....	387
Number of patients resident in the hospital.....	37
Average daily attendance.....	126
Largest daily attendance.....	158

The position of resident physician of Hahnemann Hospital, (N. Y.,) is vacant. The place is open to all homœopathic physicians in a com-

petitive examination. Inquiries of any kind should be addressed as soon as possible to Dr. Schley, Secretary of Medical Staff, No. 1 East Forty-second street, New York City.

Blue-cloth binding cases, with full title in gold, made expressly for this journal, will be forwarded to any address for twenty-five cents (in stamps). Any bookbinder will bind your back numbers, with this case, at a nominal price (in Chicago, twenty-five cents). These cases will be furnished with each volume at the price named, postage paid, and may be ordered when wanted.

The annual commencement exercises of the Hahnemann Medical College and Hospital of Chicago, will be held on Feb. 21, at 8 P. M. The Hahnemann Institute will celebrate their anniversary the evening previous, Feb. 20. The Alumni and friends of the institution are hereby cordially invited to attend these exercises. The faculty of the college are to be congratulated on the general prosperity of the institution, over one hundred and sixty students being in attendance. The graduating class will number about seventy-five. After the commencement exercises a grand banquet will be given at one of the hotels.

A Spanish journal, *The Archivos de la Medicina Homœopatica*, has recently reached us. It is published by a society of physicians in Barcelona, and edited by Dr. Pedro Rive y Hurtado. No. 1, (second series,) contains a well written introduction giving an account of the condition of homœopathy in Spain. It also contains an excellent article on "The Importance and Efficacy of Infinitesimals," a clinical case of "Leucorrhœa with Old Hæmorrhoids," in which Calc. carb., Sepia, Kresotum, Silicea and Asfenda, having failed, was cured by Sulphur and Nux v., high; a case of ozema cured by Kali bich; chronic diarrhœa, by Iris v. In the materia medica department is copied Dr. E. M. Hale's recent paper on "Balsam Peru," from the *North American Journal of Homœopathy*.

The next session of the Western Academy of Homœopathy will be held at Cincinnati,

Ohio, about the middle of May. The exact date, with full particulars, will be given in a circular from the general secretary as soon as possible. Arrangements are fully under way for a grand time and the largest meeting ever held. All members of bureaux should send to their chairman at once the title of their paper to be read. Volunteer papers on any subject from members of the Academy, or those who are not, will be acceptable and should be sent to the general secretary. Information as to rates of transportation will be given in circular. Correspondence on this subject should be addressed to T. P. Wilson, M.D., chairman committee of arrangements, Cincinnati, Ohio. Applications for membership may be sent direct to M. M. Eaton, M.D., chairman board of censors, Cincinnati, O. Blank forms may be had on application. All correspondence on other subjects should be addressed to C. H. Vilas, M.D., general secretary, 56 East Washington St., Chicago, Ills. Approved: R. H. McFarland, M.D., president.

A very valuable and necessary acquisition has been made to the Hot Springs Medical and Surgical Institute by adding to its corps of physicians and surgeons a representative of homœopathy in the person of Dr. George D. Streeter. Dr. Streeter, formerly of Quincy, Ill., has been a resident of the Valley some eight or ten months and in that time has made quite an enviable reputation; therefore we cannot but think his services will be a great assistance in building up the good reputation of the institute.—*Daily (Hot Springs) Telegraph*.

PERSONALS.

Dr. Marvin S. Rice has removed from Downer's Grove to Wheaton, Ill.

Dr. E. G. Folsom formerly at Albion, N. Y., has located at Beloit, Wis.

Dr. J. E. Morrison has removed from Mc Henry to Paxton, Ill.

Dr. G. A. Heath has removed from Newark to Rochester, N. Y.

SHARP & SMITH,

MANUFACTURERS AND DEALERS IN

Surgeons' Instruments

AND

PHYSICIANS' GOODS.



WESTERN AGENTS FOR

Geo. Tiemann & Co.'s Celebrated Surgical Instruments,

And Jerome Kidder's Batteries,

Manufacturers and Importers of

ALL KINDS OF SURGEONS' INSTRUMENTS AND APPLIANCES

FOR THE

*Mechanical Treatment of all DEFORMITIES, Debilities, and Deficiencies
of the Human Frame.*

ARTIFICIAL ARMS AND LEGS.

No. 100 RANDOLPH STREET,

Between Clark and Dearborn Sts.

CHICAGO.

INSTRUMENTS AND BATTERIES REPAIRED.

HAHNEMANN

HOMŒOPATHIC PHARMACY.

No. 35 Clark Street, Chicago.

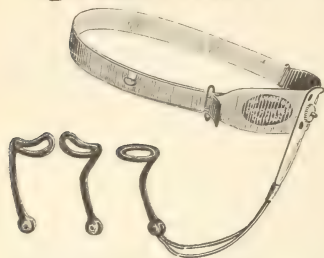
H. N. SMALL.

Homœopathic Books ~~AND~~ Medicines

TINCTURES, TRITURATIONS,

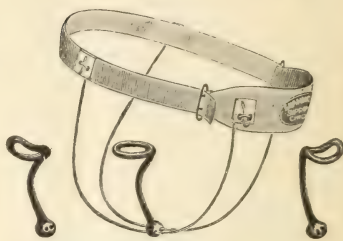
Sugar of Milk, Pellets, Dilutions, Family Cases, Etc,

Shannon Uterine Supporters



SELF-ADJUSTING SUPPORTER.

For the Successful
Treatment
of all
Displacements
of the
WOMB.



ELASTIC SUPPORTER.

Endorsed and recommended and used by many of the Most Eminent Physicians in the country. Twenty sold and used to one of any other make. I guarantee them to be the best since the improvements have been made. Send for my 32-page pamphlet, "The Displacements of the Uterus; Their Causes, Nature, and an Account of a New Principle of Treatment," free, also, prices to physicians who use many.

KNOXVILLE, Tenn., Oct. 21, 1876.

J. C. CALDWELL, Esq.,

Dear Sir: In reply to your inquiry, I am free to say that Shannon's instrument is better adapted, when properly selected and applied, to the purposes for which it is designed, than any one of the many hundred Pessaries that I have had occasion to examine and use.

Respectfully,

FRANK A. RAMSEY, M.D.

CHICAGO, July 2, 1875.

This is to certify, that I have made frequent use of the Pessary known as Shannon's Supporter, both in hospital and private practice, and I feel free to say that I regard it as the *very best* stem Pessary in use. By means of its perfect adaptation to the different forms of uterine displacements, and the non-interference with the natural mobility of the organ, secured by the reversible joint of the stem with the spring, it has the *widest possible* range of utility.

A. REEVES JACKSON,

Lecturer on Diseases of Women and Children,
Rush Medical College, Chicago.

I fully concur with the above.

A. E. SMALL,

President and Emeritus Professor of Theory and Practice
of Medicine, Hahnemann Medical College, Chicago.

J. S. SHANNON, 27 Washington St., Chicago.



The American Homœopathist and the Homœopathic Times, one year, post paid, to any address, for \$4.

The American Homœopathist and the New England Medical Gazette, one year, post paid, to any address, for \$4.

Address, **W. A. CHATTERTON, 145 LaSalle St., Chicago.**

WANTED.

Subscribers having duplicate copies of the November and December numbers will confer a favor by send them to the publishers.

\$3.50.

The Cincinnati Medical Advance (monthly, \$2.50) and the American Homœopathist, Chicago, (monthly, \$2) to any address, one year, postpaid, for \$3.50.

**W. A. CHATTERTON,
145 LaSalle Street, Chicago.**

\$5.00.

The American Homœopathist, Chicago, (monthly, \$2,) the Cincinnati Medical Advance, (monthly, \$2 50,) and the Homœopathic World, London, Eng., (monthly, \$2,) to any address, one year, postpaid, for \$5. Ad. dress

**W. A. CHATTERTON,
145 LaSalle Street, Chicago.**

VACCINE VIRUS.

In order to meet the properly continued demand upon us for Animal Virus, we have established stables for its propagation upon carefully-selected heifers. The lymph used is of the well-known "Beaugency" stock, imported by ourselves expressly for this purpose. The result of several years' experience in supplying this lymph leads us to believe that its excellence is unsurpassed. The establishment is under the care of a competent physician, who will spare no pains to produce a perfectly RELIABLE and PURE article, which we are prepared to furnish FRSH, DAILY.

We can also furnish, to those who prefer it, Humanized Virus, from healthy children, procured for us by physicians of undoubted reliability.

All our Virus is put up in strong, *air-tight packages*, for safe conveyance by mail or express, and will be sent (postpaid if by mail) upon the following terms:

From the Heifer , 10 large Ivory Points, well charged on both sides.....	\$1 50
Five large Ivory Points.....	80
Large Ivory Points, less than five.....	each 25
One Crust, new method, in air-tight Glass Capsule.....	2 00
From Healthy Infants , 10 small Ivory Points.....	1 50
One Crust from Unruptured Vesicles.....	2 00

Directions for vaccinating with either form of Virus, derived from methods successfully employed, will be furnished with Virus if requested.

We will warrant every package of Points and every Crust, giving a fresh supply in case of failure reported within fifteen days for Points, thirty days for Human, and ninety days for Kine Crusts. We can usually furnish Crusts one remove from the heifer if preferred.

On account of their unreliability, we have hitherto furnished the usual form of Kine Crust unwillingly. Under our new method of taking and preserving them, however, after careful tests and an experience extending over several months, the results attained have been so satisfactory that we now offer them as not less active and reliable than other forms of Virus, while less liable to become inert with lapse of time. We now offer them on very favorable terms, and recommend them for transmission to a distance and in all cases where it is desired to preserve Virus for some weeks or months, or to keep a supply at hand for emergencies.

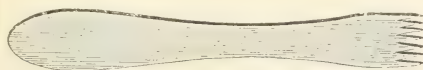
We also furnish Uncharged Ivory Points, for physicians' use, at the following rates:

Small.....	per 100, 25 cents; per 1,000	\$ 2 00
Large.....	per 100, 50 cents; per 1,000	4 00

Orders by mail or telegraph answered by return train.

Liberal discounts upon large supplies for Cities, Towns, and Institutions.

New Illustrated Catalogue of Surgical Instruments, postpaid, on request.



Scarifying Vaccinator. Steel and Nickel Plated. See cut. Each 25 cents.

CODMAN & SHURTLEFF,

MAKERS AND IMPORTERS OF

Superior Surgical Instruments,

13 & 15 TREMONT ST., BOSTON, MASS.

Circular to Homœopathic Physicians.

It is well known to the Homœopathic profession, that I have made the manufacture of Tinctures a study for several years. The improvements I have introduced into Homœopathic Pharmacy are fast becoming recognized. The most important are the following:

1st. To ascertain, carefully and independently for each substance, what solvent will dissolve the largest portion of its medicinal properties; and to adhere to the use of this solvent, in the preparation of the lower dilutions, as well as in the manufacture of the Tinctures. The rule and custom of pharmacutists has been, to use the same solvent for nearly every substance.

2d. To make the original substance from which the tincture is made, the basis (or unit), of attenuation. Thus, in tinctures from fresh plants, the fresh plant is made the starting point and the first dilution is made to represent (cubic centimeter for gramme, in ten parts of the liquid, one part of the fresh plant, and is properly marked 1-10. It is the general practice of pharmacutists to make the **TINCTURE** the basis of attenuation without regard to its strength.

3rd. To trust no druggist or root-digger to identify the original substances used in the preparation of tinctures. Being a practical Botanist and Chemist, I am able to avoid errors frequently made by mercantile pharmacutists in confounding different plants or drugs, having the same or similar names.

4th. To indicate plainly on every vial of mother tincture, the solvent and the strength of the solution, giving printed directions for making dilutions which shall correspond in medicinal strength with the triturations of the same number.

5th. To make and keep all tinctures in new, amber-colored vials with glass stoppers. This affords the most thorough protection from the chemical action of light, and avoids the admixture of fragments of cork.

The registered **TINCTURE LABELS** in connection with the patent **GRADUATED VIALS** make the process of preparing dilutions as easy as that of addition.

Samples and price-lists sent free on receipt of ten cents for postage and packing.

LEWIS SHERMAN, A.M., M.D.,

171 Wisconsin St., Milwaukee, Wis.

BINDING CASES

BLUE CLOTH,

WITH FULL TITLE IN GOLD, MADE EXPRESSLY
FOR THE

American Homœopathist

WILL BE FORWARDED TO ANY ADDRESS, POSTPAID, FOR

Twenty-Five Cents,

POSTAGE STAMPS MAY BE USED IN REMITTING.

Any bookbinder will bind your back numbers, with this
Case, at a nominal price

ADDRESS YOUR ORDERS TO

A. L. CHATTERTON & CO.,

PUBLISHERS,

23 Park Row, New York.

121 Dearborn St., Chicago.



BY AUTHORITY.

TO THE HOMŒOPATHIC MEDICAL PROFESSION.

SIR: We invite your attention to Ridge's Food as an article of diet for Infants, Growing Children, and Invalids, which is supported by the flattering testimony below. Hoping the same will meet with your approval and kind recommendation, we beg to remain,

Respectfully,

WOOLRICH & CO.

From the United States Medical Investigator.

We have often had occasion to refer to the merits of Ridge's Food. Its place is with the thin, scrawny, vomiting, diarrhetic children, particularly. It will agree better than any other farinaceous food we know of. We should not like to be without it. For the invalid it stands without a rival, as far as we know. It is endorsed by some of the most eminent medical men and should be well known to all of our readers.

DUBUQUE, Iowa, Dec. 9, 1875.

Messrs. WOOLRICH & Co., Palmer, Mass.

Gentlemen: Referring to yours of the 6th, I have great pleasure in saying that I have handled Ridge's Food in my pharmacy and practice, having prescribed it as an article of diet for several years; this experience has enabled me to arrive at certain conclusions with regard to the article which are very complimentary to it. *It is an admirable preparation, and is in every respect worthy the large sale it is having; its promise and fulfilment go hand in hand.*

Yours very truly,

EDWARD A. GUILBERT.

CHICAGO HOMŒOPATHIC PHARMACY, 77 State st.

OFFICE OF HALSEY BROS., Chicago, Jan. 29, 1874.

Messrs. WOOLRICH & Co.,

Gentlemen: Replying to your enquiry as to what our experience has been in selling DR. RIDGE'S PREPARED FOOD for Infants and Invalids we do not hesitate to say that we regard it very highly and believe it to be as satisfactory in its use as any food made. IN FACT, HAVE NEVER HEARD EITHER PHYSICIAN OR CUSTOMERS SPEAK OF IT BUT IN THE HIGHEST TERMS. Our sales are large and increasing.

Respectfully yours, HALSEY BROS.

MINNEAPOLIS, MINN., Feb. 19, 1876.

Messrs. WOOLRICH & Co., Palmer, Mass.

Gentlemen: Allow me to bear testimony to the almost universal satisfaction "RIDGE'S FOOD" has given my patrons. There has been no one article of food I keep in stock that has met the wants of Infants and Invalids and been received with so much favor as the one you make. Respectfully,

THOS. GARDINER,
Homœopathic Pharmacist.

St. LOUIS, Mo., Jan. 26, 1876.

HOMŒOPATHIC PHARMACY, 306 North Fifth St
Messrs. WOOLRICH & Co., Palmer, Mass.

Gents: I need more of RIDGE'S Food for infants, etc., and wish to state at the same time that in the four years I have been dealing in this SUPERIOR ARTICLE OF DIET, I have not found any better adapted to the wants of children and invalids. I have had other foods before, and had a great deal of trouble with them; in some cases they did well, in the majority they did not, and people got dissatisfied. Since I had RIDGE'S FOOD, THERE HAS NOT BEEN A SINGLE COMPLAINT, and Physicians and families are supplying themselves with it regularly; our sales are steadily increasing. Very truly yours,

H. C. G. LUYTIES.

I consider RIDGE'S INFANTS' FOOD a most excellent preparation, and well adapted to fulfill the purposes for which it is designed.

R. WALTER HEURTLEY, M.D.

81 S. Roby Street, Chicago.

FOUNDLINGS' HOME, Chicago.

RIDGE'S PATENT FOOD has been used extensively at the Foundlings' Home in this city under my charge, and has been found far superior to any other artificial food which we have tried.

GEO. E. SHIPMAN.

CINCINNATI, Feb. 16, 1876.

Messrs. SMITH & PARKS: You ask me what I think of RIDGE'S FOOD for Infants and Invalids. I answer, after observing its effect for about two years, I GIVE IT MY UNQUALIFIED APPROBATION.

M. H. SLOSSON, M.D.

Messrs. WOOLRICH & Co.

It is with great pleasure that I recommend DR. RIDGE'S PATENT FOOD for Infants, having used it with unequalled success. It creates a healthy action of the stomach and bowels and is unsurpassed as a nourishment.

Very respectfully yours,

Mrs. J. D. WARD,
186 Ashland Ave., Chicago, Ill.



The attention of the medical profession is invited to this instrument as the most perfect ever invented for treating Prolapsus Uterine or Falling of the Womb. It is an Abdominal and Uterine Supporter combined.

The Abdominal Support is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

The Uterine Support is a cup and stem made of very highly polished hard rubber, very light and durable, shaped to fit the mouth of the womb, with openings for the secretions to pass out, and which can be bent to any curve desired, by heating in very hot water.

The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic adapt themselves to all the varying positions of the body and perform the service of the ligaments of the womb.

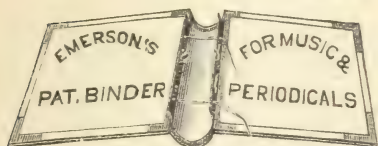
The Instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer in all cases of Anteversion, Retroversion, or any flexion of the Womb, and is used by the leading Physicians with never failing success even in the most difficult cases. **Price—To Physicians, \$8.00; to Patients, \$12.00.**

Instruments sent by mail, at our risk, on receipt of price, with 16 cts. added for postage; or by Express C.O.D.

Dr. McINTOSH'S NATURAL UTERINE SUPPORTER COMPANY,
296 West Lake Street, Chicago, Ill.

Our valuable Pamphlet, "Some Practical Facts about Displacements of the Womb," will be sent you free on application.

BINDERS



Is the neatest and cheapest. Can be very easily used. Directions in every Binder. Size H. is adapted for the AMERICAN HOMŒOPATHIST. Price, post paid 50 cents. Also, Binders of all sizes can be obtained by remitting, with order, to

A. L. Chatterton & Co., 121 Dearborn St., Chicago.

ESTIMATES FURNISHED FOR CUTS OF

H. W. ANDERSON & CO
ENGRAVERS ON WOOD

N.E. COR. CLARK & MADISON.

CHICAGO.

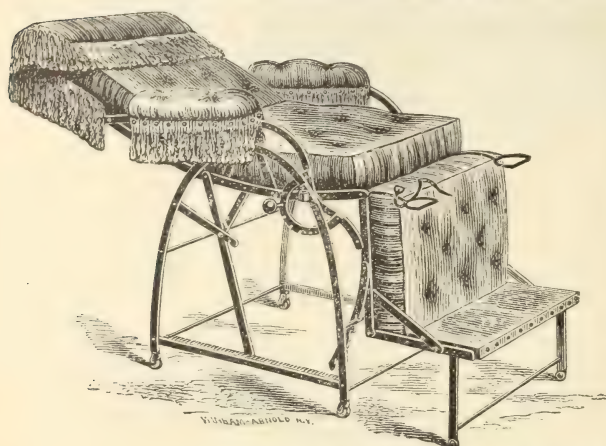
Buildings,
Landscapes,
Interior Views,
Portraits,
Labels, Plain and Colored
Agricultural
Implements,
Machinery,
Catalogues of all kinds.

No charges made for Drawings if work is accepted. Having facilities for doing work in first-class style, we guarantee satisfaction in all cases. Respectfully, H. W. ANDERSON & CO

The Wilson Patent Adjustable Iron Operating Chair

FOR PHYSICIANS.

NO OFFICE COMPLETE WITHOUT IT.



It can be tilted clear back level, and the foot elevated, thus making it most convenient for

Surgical Operations,

ALSO,

Invalids' Reclining and Self-Propelling

WHEEL CHAIRS,

The Best in the Country, with Thirty changes of Position.

IRON BEDSTEADS,

FOR

Hospitals, Asylums, and Private Families.

Send for Circular to the manufacturers.

MATHIAS KLEIN,

235, 237 & 239 South Dearborn Street, Chicago, Ill.

JAS. E. GROSS, M.D.

NORTHWESTERN

JNO. B. DELBRIDGE.

HOMŒOPATHIC PHARMACY,
GROSS & DELBRIDGE.

COMPLETE ASSORTMENT OF MEDICAL SUPPLIES.

Medical Books, Surgical Instruments,

WESTERN AGENTS FOR

BOTSFORD'S HAMAMELIS,
DR. DORRIS' VACCINE VIRUS.

PUBLISHERS OF THE

PHYSICIANS' CONDENSED ACCOUNT BOOK,

An Epitomized System of Book-Keeping, avoiding the necessity of separate Journal, Day Book and Ledger; combining System, Accuracy and Easy Reference, with a minimum of labor.

Price \$3 50. Send for Sample Sheets.

NEW REMEDY,---Alstonia Constricta. The New Remedy, introduced by Dr. Cathcart, of Australia, and noticed in the HOMŒOPATHIST for October, we can now supply Physicians at 50 cents per ounce. Sample free on receipt of stamp. Address,

GROSS & DELBRIDGE,

Homœopathic Pharmacy.

No. 48 Madison Street, Chicago.

PHYSICIANS' STATIONERY.

SOMETHING NEW!

We have executed a splendid STEEL ENGRAVING of Hahnemann, and are prepared to furnish Homœopathic physicians, Note or Letter Heads, with this appropriate vignette imprinted in the upper left hand margin, at prices to suit all. Send two three-cent stamps for specimens.

MEEKER & CO.,

154 Madison Street, - Chicago, Ill.

J. J. CEIGER,
BOOKBINDER,

And Manufacturer of

Medicine and Instrument Cases,
440 North Wells St.,

DIPLOMAS CAREFULLY FRAMED

TO PHYSICIANS.

The elegant BATHS, (Palmer House), do not in any way interfere with the profession of medicine.

Turkish, Russian, Medicated Vapor, Electro-Thermal, and Swimming Baths, given in the best way, open the Pores, regulate the Secretions, cure Eruptions, Malarious troubles, and tone up the nerves and muscles generally.

They do not reduce, as many suppose, and the most delicate invalid will always feel stronger after a Turkish or Electric Bath, when properly given,

Entrance **36 Monroe St.**

A. B. MCCHESNEY, M.D.,

Proprietor.

New England Medical Gazette,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MEDICINE, SURGERY

And the Collateral Sciences.

Terms, \$3. per annum in advance.

OTIS CLAPP & SON,

PUBLISHERS.

New England Homœopathic Pharmacy

Importers, Manufacturers and Dealers in

HOMŒOPATHIC DRUGS, ETC.,

3 Beacon Street, Boston.

Homœopathic Medical College of Missouri ST. LOUIS.

The 19th Annual Session will commence Oct. 9, 1877, and continue to March 1, 1878.

FEES—For course, \$50; Matriculation, \$5; Dissection, \$10; Hospital (including Hospital Diploma), \$5; Graded course (3 years), \$100 *in advance. No Graduation Fee.* Candidates passing the "Final Examination" receive their diploma *without extra fee.*

Hospital advantages unsurpassed. Clinical teaching, surgical cases, and bedside practice abundant. Practical Midwifery for Second Course students. Send for Announcement.

E. C. FRANKLIN, M.D., Dean,
1400 Olive Street, St. Louis, Mo.

HOMŒOPATHY THE SCIENCE OF THERAPEUTICS

A collection of Papers elucidating and illustrating the Principles of Homœopathy.

BY CARROLL DUNHAM, M.D.,

Price, \$4. Svo. Cloth.

Will be sent, post paid, on receipt of price.
Address,

CARROLL DUNHAM, Jr.
IRVINGTON-ON-HUDSON, N. Y.

The Homœopathic Medical College OF PHILADELPHIA.

Now in its Twenty-ninth year; the oldest Homœopathic college in the world; has nearly 1,200 graduates.

This Institution offers unequalled facilities for acquiring a thorough medical education; has a museum of over 5000 specimens; a library of 2000 volumes; gives opportunity for the *practical* study of

Anatomy, Surgery, Obstetrics, and Chemistry; every advanced student furnished with cases of obstetrics. For announcement, address

A. R. THOMAS, M.D., Dean,
1628 Locust St. Philadelphia, Pa.

Pulte Medical College, CINCINNATI, OHIO.

The Leading Clinical School.
Two Complete Graduating Terms.

First Term begins October 3d, 1877.

Second Term begins February 8th, 1878.

FEES, \$50.

Send for the Annual Announcement.

J. D. BUCK, M.D., Registrar,
305 Race St., Cincinnati, Ohio.

New York Homœopathic Medical College.

Sessions commence first Tuesday in October, and close about the 1st of March.

Clinical and hospital advantages unsurpassed by any medical college in the country.

Graded or Perpetual Ticket, - - - - \$160
Single course, - - - - - 100
Graduation fee, - - - - - 30

For further information and announcements address

J. W. DOWLING, M.D., Dean,
568 Fifth Avenue, New York.

**Missouri School
OF
MIDWIFERY**

Anatomy, Physiology, Midwifery, Diseases of Women and Children taught practically at bedside in Maternity Hospital. The Hospital is open to ladies in confinement, and the medical and surgical treatment of diseases of women and children. Mrs. S. SCHIERECK, Resident Midwife. Write for circulars. Dr. WM. C. RICHARDSON, President, 3234 North Tenth Street., St. Louis, Mo.

Boston University School of Medicine.

OPEN TO BOTH SEXES.

It furnishes a complete graded course of three years' study. *Summer Term*, (optional,) commences March 18, 1878; continues twelve weeks. *Winter Term*, for lectures, commences Wednesday Oct. 9, 1878; continues twenty-one weeks.

Further information may be obtained of the Dean, I. T. TALBOT, M.D., 66 Marlboro' St., or of the Registrar, J. H. WOODBURY, M.D., 165 Boylston St., Boston.

Foundlings' Home Homœopathic Pharmacy,

72 South Wood Street, Chicago.

The undersigned desires to call attention to Physicians and Families to the Pharmacy opened at the Foundlings' Home, No. 72 South Wood Street, Chicago. He is prepared to supply any Homœopathic Medicine, in any form, of the best quality, and at the lowest rates, as well as

Pellets, Sugar of Milk, Alcohol, Distilled Water, Cases, Corks, Vials,
and everything needed by the practitioner.

BOOKS, APPARATUS AND INSTRUMENTS

of any and every description will be furnished at the lowest rates. The undersigned gives his personal supervision to the preparation of the medicines sent out from this Pharmacy, and warrants all medicines as the best, of which a Homœopathic practice of thirty-five years in the State of Illinois justifies him to judge.

TERMS CASH.

GEO. E. SHIPMAN, M.D.



The best kind of work at reasonable rates. Cuts for Druggists' Labels, Surgical Apparatus, etc. a specialty.

**C. H. VON TAGEN, M. D.,
SURGEON,**

Graduate, 1858.

*GIVES Special Attention to Surgery
in General, including specialties.*

OFFICE AND RESIDENCE,
No. 8 Kentucky Building, Corner Clark and Adams Sts.

OFFICE HOURS.

7 to 11 A. M., 3 to 6 P. M., and after 7 P. M.
Available at all hours of the night.

Worthy and Charitable cases will receive due attention

ESTABLISHED 1865.

M. D. Garrison, M.D. H. F. Clark. A. L. Clark, M.D.

**GARRISON & CLARK,
MANUFACTURING
CHEMISTS AND DRUGGISTS,**

511 STATE STREET.

CHICAGO,

**Fluid Extracts,
Solid Extracts,
Tinctures,
Sugar-Coated Pills, &c.**

We make a specialty of Physicians' orders,
and supply everything in that line at lowest
market rates.

LACTOPEPTINE,

The most important remedial agent ever presented to the medical profession for Indigestion, Dyspepsia, and all diseases arising from imperfect nutrition, containing the five active agents of digestion, viz., Pepsin, Pancreatine, Diastase or Veg. Ptyalin, Lactic and Hydrochloric Acids, in combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE.

Sugar of Milk.....	4 ounces	Veg. Ptyalin or Diastase.....	4 drachms.
Pepsin.....	8 "	Lactic Acid.....	5 fl "
Pancreatine.....	6 "	Hydrochloric Acid.....	5 fl "

LACTOPEPTINE owes its great success solely to the Medical Profession, and is sold almost entirely by Physicians' Prescriptions. Its present sale exceeds \$100,000 per year at wholesale. Its almost universal adoption by the profession, as the above figures show, is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned, having tested REED & CARRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid, and Hydrochloric Acid, made according to published formula, and called LACTOPEPTINE, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well-adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M.D.,
Attending Physician at St. Luke's Hos-
pital.

ALFRED L. LOOMIS, M.D.,
Professor of Pathology and Practice of
Medicine, University of the City of
New York.

J. H. TYNDALL, M.D.,
Physician at St. Francis' Hospital.

LEWIS A. SAYRE, M.D.,
Professor of Orthopædic Surgery and
Clinical Surgery, Bellevue Hospital
Medical College.

EDWARD G. JANEWAY, M.D.,
Professor of Pathological and Practical
Anatomy, and Lecturer on Materia
Medica and Therapeutics and Clinical
Medicine, Bellevue Hospital Medical
College.

SAMUEL R. PERCY, M.D.,
Professor Materia Medica, New York
Medical College.

JOSEPH E. WINTERS, M.D.,
Assistant Demonstrator of Anatomy,
Bellevue Hospital Medical College.

F. LE ROY SATTERLEE, M.D., PH.D.,
Prof. of Chem., Mat. Med., and Therp.,
in the N. Y. College of Dent.; Prof. of
Chem. and Hygiene in the Am. Vet.
College, &c., &c.

PRICE LIST.

LACTOPEPTINE (Powder, in oz. Bottles).....	per oz.	\$ 1 00
" (Powder, in oz. Bottles).....	per doz.	10 00
" (Powder, in ½ lb. Bottles).....	per lb.	12 00
Elixir Lactopeptine.....	per doz.	15 00
" Lactopeptine and Bismuth.....	"	15 00
" Lactopeptine, Strychnia and Bismuth.....	"	15 00
" Calisaya Bark and Iron, with Lactopeptine.....	"	15 00
Beef, Iron and Wine, with Lactopeptine.....	"	12 00
Liquid Lactopeptine.....	"	15 00
Syrup Lactopeptine Compound.....	"	15 00

All Correspondence and Communications must be addressed to

The New York Pharmacal Association,

(Who have purchased all the rights in the article of Messrs. Reed & Carrick.)

83 JOHN STREET, NEW YORK.

P. O. Box 1574.

Subscription: Two Dollars a Year, Twenty cents a Number.

AMERICAN HOMŒOPATHIST

A MONTHLY JOURNAL OF
MEDICAL, SURGICAL ^{AND} SANITARY SCIENCE.

J. P. MILLS, M.D., Editor.

125 Western Avenue, Chicago.

IN EXCHANGE

Vol. II.

March, 1878.

No. 3.

CONTENTS

MY EXPERIENCE WITH HEADACHES. <i>Wm. H. Holcombe</i>	95	PNEUMO-HYDROTHORAX. <i>J. S. Mitchell</i>	122
CURES WITH HIGH POTENCIES. <i>Chas- Doran</i>	99	HOMŒOPATHY ILLUSTRATED	126
THE OPIUM HABIT. <i>J. R. Haynes</i>	105	24. Incipient Phthisis Pulmonalis. Xanthoxylum.—25. Vomiting of Preg- nancy, Hyocyamus.—26. Scrofulosis. —27. Intolerable Pains in the Tibiæ. Dulcamara.—Cystic Tumor, Sulphur. —Delirium, Hyocyamus.	
LAPIS ALBUS AGAIN. <i>B. F. Dake</i>	106	WILL NERVOUS EXCITEMENT ACCOUNT FOR THE INCREASE OF UREA?	129
AVOIDABLE OBSTACLES TO HOMŒOPA- THY. <i>A. R. Barrett</i>	108	MEDICAL MEMORANDA	129
AN OBSTETRICAL CLINIC. <i>Sheldon Leavitt</i>	111	The Homœopathic Medical Society of the State of New York.—May Meet- ings.—College Commencements.— Items of Interest.—Hahnemann Con- valescent Home.—Homœopathy the Science of Therapeutics.—A Letter from Madam Samuel Hahnemann.— Obituary.—Proper Prize.—Sure Scales.	
MORE ABOUT THE ABSORPTION PROCESS. <i>C. A. Hughes</i>	116	PUBLISHERS' PARAGRAPHS	137
CHINA OFF. IN CONSUMPTION. <i>C. E. Fisher</i>	118		
SPERMATORRHOEA	118		
VOMITING OF PREGNANCY. <i>E. M. Hale</i>	119		
SYPHILITIC IRITIS. <i>Walter M. Dake</i>	121		

A. L. CHATTERTON & COMPANY,
PUBLISHERS,

23 Park Row, New York.

121 Dearborn St., Chicago.

CHICAGO

Homœopathic College

LEGALLY CHARTERED
BY THE STATE OF ILLINOIS IN JUNE, 1876.

WINTER TERM.

The Winter Session of 1877-8 will open on October 3d, and continue twenty-six weeks. This College has a full corps of experienced professors, each of whom devotes special study to the branch he teaches. Particular instruction is given in all practical branches, with abundant illustration from the largest Homœopathic medical, surgical, and obstetrical clinic in the west.

FACULTY AND TRUSTEES.

- | | |
|---|---|
| GEO. E. SHIPMAN, A.M., M.D., Emeritus Professor of Materia Medica. | W. H. WOODYATT, M.D., Professor of Ophthalmology and Otology. |
| H. P. GATCHELL, A.M., M.D., Emeritus Professor of Physiology and Hygiene. | E. M. HALE, M.D., Professor of Materia Medica and Therapeutics. |
| RODNEY WELCH, A.M., M.D., Emeritus Professor of Chemistry and Toxicology. | A. W. WOODWARD, M.D., Professor of Analytical and Comparative Materia Medica. |
| LEONARD PRATT, M.D., Emeritus Prof. of Special Pathology and Diagnosis. | E. H. PRATT, A.M., M.D., Professor of Anatomy. |
| J. S. MITCHELL, A.M., M.D., Professor of Theory and Practice in Clinical Medicine. | J. R. KIPPAX, LL.B., M.D., Professor of Dermatology and Medical Jurisprudence. |
| ALBERT G. BEEBE, A.M.; M.D., } Professors of Principles and Practice of Surgery and Clinical Surgery. | R. N. TOOKER, M.D., Professor of Physiology. |
| CHARLES ADAMS, M.D., } | N. B. DELAMATER, M.D., Lecturer on Electro-Therapeutics and Special Nervous Diseases. |
| WILLIS DANFORTH, M.D., Professor of Gynecological Surgery. | L. C. GROSVENOR, M.D., Adj't Professor of Theory and Practice. |
| JOHN W. STREETER, M.D., Professor of Diseases of Women and Children. | A. L. MARCY, M.D., Lecturer on Chemistry and Toxicology. |
| R. N. FOSTER, A.M., M.D., Professor of Obstetrics. | |

Persons desirous of obtaining further information respecting this course are requested to communicate with

CHARLES ADAMS, Secy., 1143 Wabash Ave.

THE
American Homœopathist.

A MONTHLY JOURNAL OF MEDICAL, SURGICAL,
AND SANITARY SCIENCE.

Vol. II.—MARCH, 1878.—No. 3.

MY EXPERIENCE WITH HEADACHES.

WM. H. HOLCOMBE, M.D., NEW ORLEANS, LA.

Whoever reads the head-symptoms in Allen's great Encyclopædia of Materia Medica and in Hale's New Remedies, will wonder why a homœopathic patient should suffer for a single day with that most common and frequently intractable malady, headache. Our homœopathic treasures, however, are still very much like silver in the mine. It has to be quarried and purified and verified and stamped before it is fit for current use. This can only be done by the joint labor of many minds, and each should contribute his mite of experience to the common fund. I present, in as compact form as possible, the result of my observations and studies,

and where I can appeal to repeated individual experience I state the strength of the remedy employed.

Congestive headaches call for Aconite tinct., Veratrum viride tinct., Belladonna 200, Atropine 3, Hyoscyamus 3, Solanum, Glonoine 3, Amyl nitrate, Cactus 3, and Ergotine 1x, or the Bromides of Potassium, Ammonium or Lithium, the latter in large anti-pathic doses.

Menstrual headaches call for Pulsatilla 30, Platina 6, Senecin 1x, Ignatia 30, Cocculus 3, Sepia 6, Cimicifuga 3x, Gelsemium, Atropine 3x.

Nervous or neuralgic headaches (not pure neuralgias) are relieved by Paulinia ½, Iris 3x, Caffeine 2x, Coffea 30,

Arsenicum 30, Colocynth 3, Atropine 3, Chamomilla, Valerianate of Zinc 2x, Valeriana 6, Champagne wine.

Dyspeptic, bilious, or sick headaches call for Carbo-azotate of Ammonia $\frac{1}{2}$, Nux vomica 3, Pulsatilla 3, Iris 3x, Veratrum album 3, Bryonia 1x or Sanguinaria.

Rheumatic headaches are benefited by Bryonia 3, Gelsemium 3, Cimicifuga 3, Spigelia 30, Mezereum 3, Phytolacca 1x, Salicylate of Soda, five grains every hour for four or five hours.

Syphilitic headaches have always in my hands required the palliation of opiate remedies, or large doses of the Iodide of Potash.

These generalizations aid in selecting the right remedy, only in a very vague manner, like sign-boards, pointing north, south, east or west, but giving no more specific directions for finding the friend's house you are seeking. We may get nearer, into some great road or turnpike leading in the right direction, by studying the physiological perturbations which characterize the case. Thus

Predominant heat will call for Aconite, Veratrum viride, Belladonna, Spongia, Capsicum, etc.

Predominant coldness calls for Bromide of Camphor, Verat. alb., Platina.

Great nausea and vomiting will indicate more especially Cocculus, Nux vomica, Iris, Ipecac., Veratrum alb., Arsenicum, Apomorphine, Sulphate of Zinc, Cuprum aceticum or Argentum nitricum.

Intense nervousness, making the

pains unbearable, calls for Coffea, Arsenicum, Chamomilla, Colocynth, Valerianate of Zinc or Ammonia.

Excessive discharge of pale urine, Ignatia, Coffea, Cicuta, Eupatorium purp., Causticum, Ferrum, Moschus.

Concomitant symptoms may lead you to the right remedy, viz., pain in the heart with or without palpitation, Cactus, Lachesis, Carbonate of Lithium, Cannabis Indica, Naja tripudians, Lillium. Any salient concomitant symptom should be carefully studied in connection with the headache, and have a large share in the selection of the remedy.

But to get to the desired haven you may have to leave the high road or turnpike, and turn into some little private road or even a mere path, which leads to the house. In every case of disease there are certain little peculiarities in the symptoms or combination of symptoms which distinguish that case from others of the same disease. So in every drug there are certain characteristic or special effects which distinguish it from all other drugs of the same class. Samples of these characteristic marks or key-notes, which lead to the true homœopathic selection of a remedy in headaches, are the following:

Cold sweat on the forehead and cold sensation on the vertex.—Veratrum alb.

Vertigo, vomiting, and trembling of the hands.—Argentum nitricum.

Hysterical complication, with spasmodic jerkings of the muscles.—Agaricus.

Great aggravation by the slightest movement of the body —Bryonia.

Hemicranial pain with implication of the dental nerves.—Iris versicolor.

Severe sticking pains in the eye-balls.—Spigelia.

Violent throbbing and hammering in the brain.—Slonoiné.

Pains extending into the molar bones.—Mezereum.

These minutely characteristic symptoms or key-notes may be indefinitely multiplied by a careful study of the homœopathic materia medica, and he is the most successful homœopath who can most thoroughly individualize the case before him, and most completely differentiate between the competing remedies, so as to select the exact homœopathic similar, as he would find the little private road or path leading to the house he sought.

The homœopathic physician has a great work to do, in attempting to so modify his patient's constitution as to prevent the return of periodic and chronic headaches, and he can do it in a manner and to an extent never dreamed of in the philosophy of the allopathic school. Some cases, constitutional and inherited and finally organic, are absolutely incurable, but are soon susceptible of improvement. Very many cases, not so complicated, may be cured by the steady use of the proper constitutional remedy in the intervals between the attacks.

Sulphur is a remedy of such universal application in chronic diseases, that it may almost always be employed first as an intercurrent remedy

—one dose (high dilution preferred,) once a week. It is specially applicable when a suppression of skin diseases, piles, menses, or any other habitual discharge has preceded the occurrence of headaches.

Calcarea carbonica 6 or 30 is the best intercurrent remedy for menstrual headaches when the menses are too abundant and appear too early; Sepia is the choice when they are a little too scanty and too late. Graphites holds an admirable place between Sepia and Sulphur.

Silicea 30 is an excellent remedy to be used in the intervals between headaches of the rheumatic type. The headache which is cured by Bryonia or Cimicifuga will receive its best constitutional check from Silicea.

Lycopodium 200 is chiefly to be thought of in the interval of bilious or dyspeptic headaches, although Nux 3 and Sulphur 30, night and morning, have often rendered me excellent service.

Headaches from nervous prostration, brain-fag, etc., are greatly benefited by intercurrent use of Argentum nitric. 3x and Phosphide of Zinc 3x. The headache which is relived by Valerianate of Zinc in the paroxysms, demands Valerianate of Iron 1x, in the interval.

The purely malarial, regularly-recurring headache, calls for China 3x, or even Quinine; but it is often cured by Arsenicum 200, Natrum mur. 200, Cedron 2x, Gelsemium 2x, and the Ferro-cyanuret of Potash 1x.

There are several remedies of great

empirical value, which every homœopathist should keep on hand to supply the vacancies or deficiencies in his own armamentum—remedies just as efficacious in small doses as in the large doses recommended by the other school.

Sulphate of Nickel, introduced by Professor Simpson, is really a remedy of considerable power in nervous and sick headaches. I give a trituration—half Nickel and half sugar of milk—one grain every half hour during the paroxysms, and night and morning for the next month. Nickel, like Manganese, is closely allied to Iron, and I suspect is best suited to that kind of cases which have been often relieved by large doses of the Carbonate of Iron. When the chemists give us a Bromide of Nickel, I am sure we will have a very superior remedy for these cases.

Geranium-tea is an old domestic remedy for sick headache, and I have found Geranine ix trituration, a first-class remedy in the headaches, almost constant in their character, of worn down needle-women, and to others confined at wearisome and exhausting in-door labors. Give a powder of the ix three times a day for a month.

Carbo-azotate of Ammonia is so terribly bitter and so disagreeable, that I put my trituration (half and half with sugar of milk) into capsules of gelatine, and give one capsule every half hour followed by a little drink of water. If four capsules do not relieve, the remedy may be abandoned, but the effect is sometimes brilliantly

curative. Is it best adapted to dyspeptic, bilious and malarial headaches.

Still another salt of Ammonia may be added to the above and to the Muriate, the Valeriate, and the Bromide, all of which have won laurels in nervous headaches, viz., the Iodide of Ammonia. It is specially adapted to rapidly-growing young people who are confined too closely to study. Give a powder of the ix every half hour until the headache is relieved, and a powder of Phosphate of Lime ix , in water, every day for a month.

Paullinia is a remedy of now fully established power in nervous and sick headaches. Its active principle, Guaranine, is said to be identical with Caffeine, but I have had better results from the Paullinia than I ever had from the Caffeine. I keep a trituration with sugar of milk, half and half, and give four or five grains of it every half hour until the patient is relieved.

There are three remedies for topical application which I can strongly recommend in these severe headaches and neuralgias.

Bisulphide of Carbon, a few drops put on cotton, and held by an inverted egg-cup over the temples, forehead, etc., as long as it can be borne, and re-applied occasionally, is a palliative of great power. Dr. Hering has given us a good proving of it, which may lead to its satisfactory internal use.

Aconitine. Keep a first centesimal trituration of this powerful alkaloid on hand. Put two or three grains of it into a cup of water, and rub into all the aching parts with a soft rag. It

will produce a decided local anæsthesia and contribute greatly to the comfort of the patient.

A strong tincture made from the seed of the Magnolia is in common use in the south as a local application in headache and neuralgia, and I can testify to its decided merit.

Lastly, there are a few cases of

obstinate and incurable headaches in which I have been driven to the palliative use of Hydrate of Chloral in twenty-grain dose, or the Bromide of Potassium in thirty or forty-grain doses. A combination of the two is sometimes more effectual than either salt alone.

CURES WITH HIGH POTENCIES.

CHARLES DORAN, M.D., JACKSONVILLE, FLA.

[A Paper Presented to the Homœopathic Medical Society of Tennessee.]

The subject of high potencies is yearly growing in importance in our school, and very deservedly so. Because its merits are claiming the serious attention of the mind of the profession, more and more as our superior principles of treatment spread.

Not a few of the laity even now, in some communities, make preference of the *high* over the *low* dilutionist in their selection of a physician. And if this be the case, is it not the bounden duty of every one of us who practices homœopathy from *principle*, and who may not have given the minimum dose as yet a *fair trial*, to make haste and do so? Being sure, if he can, first, —and without he cannot— to set aside in a dark corner (the most fitting place,) all, the prejudice he can spare, so that it may not be constantly interrupting him in his praiseworthy efforts to reach the truth, by thrusting

impediment that may come, let it be real or imaginary.

forward its presence at every little

It will not do any longer for intelligent men to offer only ridicule when something ought to be expected. Nor will it satisfy us to be told that they have given high potencies a fair, unbiased trial, when we have reason to know the contrary is true. For he who *has* made fair trial of them (and which cannot be done in a week, or a month, or with two or three remedies,) must stand convinced of both their wonderful energy and efficacy. Nor can we any longer permit a class of medical men to affect a disbelief in the reliability of the figures labelled to these potencies. And offer such as a reason for refusing to investigate our honest claims in the face of the living presence of those who are constantly preparing them for the profession.

That the five hundredth, or the five thousandth potency acts, we are as certain as he who asserts the action with the 1st, 2d, or 3d, potencies. But because we know this, it does not follow that we should be able to explain their mode of action.

To use Dr. Swan's words, in a recent number of the *Cincinnati Medical Advance*: "No one who has not used high potencies is qualified to speak or write on the subject, because as they are beyond all human reason, and outside of all known tests, except that of the human organism, they are not subjects to theorize upon. * *

* If any one understands the 30th or 200th centesimal scale, or can grasp it mentally, he can tell how it acts, and why it cures, when the 3d or 6th only palliates."

Below I give a few cases, out of many hundreds—indeed, I might say, thousands—in my practice, which will exhibit the truly wonderful effects of the highly potentized medicine in acute diseases. Of course when well selected, for as with the lower potencies, if not homœopathic to the disease, no curative response can result.

CASE I.

Infant at the breast, of very feeble constitution, never having walked; mouth hot and dry, with thirst; skin hot, dry and red, except that over the bowels which was blue, and sensitive to the touch. There was also a slight distension of the abdomen. Had vomited twice, green fluid and slime, the morning I was called, (July 5th,) and one discharge from the bowels—

not very thin, but yellow, tinged with green. Very restless, constantly tossing and moaning. Gave Nux vom. 2000, one dose, and left Sac. lac. powders enough to last until next morning, with directions to give one every hour until relieved, then every two hours.

July 6th.—The mother informed me that the child was relieved before it was time to give the second powder, and had rested well during the night, vomiting no more, and had had but one stool, which was thin and yellow. Left Sac. lac. powders, to be given two hours apart during the day, and every three hours during the night—if awake.

July 7th.—Found patient improving, and with a lower canine tooth through. Sac. lac. as before.

July 8th.—Still improving in all the foregoing symptoms. But a new feature presented itself—prolapsus ani, with very severe straining at stool. I will here mention that the patient had but one or two stools a day during his illness, and in two instances they appeared as in the child's ordinary state of health. I gave for this new trouble Podophyllin 500, one dose, and left Sac. lac. powders, to be given every three hours during the day only.

July 9th.—I found the child had a somewhat restless night, had one stool. Prolapsus but slightly improved, if any, and the straining still continued. I however thought I saw indications of the symptoms yielding, and therefore, as a matter of course,

did not disturb the action of the medicine by resorting to another. Left Sac. lac. powders, one every three hours through the day, and every four hours during the night if awake.

July 10th.—My patient decidedly improved. Rested well. Had one stool with but little suffering, and the prolapsed bowel disappearing—another canine tooth through. Sac. lac. as before.

July 11th.—Rested much better last night. No prolapsus or straining at stool. Continued Sac. lac.

July 12th.—No more prolapsus, no more straining, no more symptoms, and rested exceedingly well all night.

On announcing to the mother that I would not return again, she begged me to leave enough of *those* powders to last two or three days, so as to see the baby out of danger. It is now September 3d, and with the exception of an attack of malarial fever, which yielded to one dose of China 500, and twelve powders of the *mother's* preparation of Sac. lac., the child has been improving ever since. Even grown fat, what it never was before.

During the treatment of this case, slightly warmed water towel-baths were ordered daily. The room was kept well ventilated, night and day, and the patient lightly covered while asleep. And for nourishment the breast milk only, with cool water for drink.

CASE II.

Boy, aged nine years, skin hot and dry; pulse above 95; steady pressive pain in frontal portion of the head,

which increasing at irregular intervals would make him cry out for relief. Also nausea, sometimes to vomiting—solids only being thrown up. Dryness of the tongue and throat, the former presenting a grayish coating thinning laterally from the centre. Gave Bryonia 500, and Saccharum lactis solution, a teaspoonful every hour until relieved, then every two hours. On visiting the patient twelve hours later I found him improved in all his symptoms, and craving for what he called “pap,” (boiled milk and flour, sweetened,) which was allowed, one-third of a saucer every two or three hours if desired and it agreed with the stomach. In two hours afterward I was summoned quickly to my patient. Arriving I found an aggravation of all his symptoms. This was a mystery to me until I asked if more of the “pap” had been given than ordered. His mother informed me that there had been as much more and a little over, given him immediately after the first, but, to use her own words, “*it had to be done*” because he begged so very hard, and now he has thrown it all up.”

I now made a fresh solution of Sac. lac., ordering a teaspoonful every hour until relieved, and no nourishment, until next morning early when “pap” might be given again if better. Meantime broken ice to be given if drink was called for.

Next morning on visiting my patient I found him entirely recovered—up and dressed. And that was the last

of the so-called attack of "bilious remittent fever."

CASE III.

A gentleman of light complexion, dark hair, and of frail constitution; occupation *mixed literary*, and habits therefore rather active, presented himself to be treated for a cough *three weeks old*. During this time, being a lay homœopath, he took several remedies and very many doses, day and night, without reaching the much desired end—a cure.

His face was pale and countenance haggard-looking, and he complained of debility of body generally. Coughed night and day. More at night, with great aggravation after midnight. Much difficulty always in raising mucus. Felt as if there was something sticking in his throat which he desired to get up and out. The cough was short and tickling. No pain whatever. I placed on his tongue a powder of Hyoscyamus 500, and gave him six powders of Sac. lac., with directions to take one every three hours, and call next morning.

Next morning he reported himself as being slightly better, having "slept more than any night since the attack." I continued Sac. lac. as before. And thus he reported daily for a week, steadily improving, when another dose of Hyoscyamus 500, was given, and Sac. lac. powders enough to last three or four days. At the end of which time the cough was gone, and the patient cured.

I would have preferred a higher

potency for the second dose, but I had it not on hand.

CASE IV.

Baby at breast, six months old; red, hot skin. Its countenance the picture of a quiet, amiable sufferer, but moaning pitifully from the least movement of its body, and even screaming when lifted. Great thirst for water, which is thrown off at long intervals. Stools normal.

I gave it a powder of Aconite 500, and left Sac. lac. powders, one to be given every hour until relieved, then every two or three hours. In twenty-four hours not a disordered symptom could be traced, and no more medicine was given. The cure was quick and complete.

Four days after, I was called to treat the same infant for disordered bowels. It had had four stools before my arrival that day, of a yellow color, tinged with green, of a watery consistence, not large, and accompanied by more or less tenesmus. I gave Nux vom. 2000, one powder upon the tongue, and left half a dozen Sac. lac. powders, directing one to be given every three hours, which completed the cure—and the visiting too.

CASE V.

Girl of thirteen years attacked late in the night with the most violent cutting pains all through the bowels, and frequent discharges of thin feces mixed with blood.

When found, she was prostrate on the floor, having fainted while at stool. There was a high state of fever, great thirst, slight nausea and tenesmus

when I reached the patient. I gave one dose of *Nux vom.* 500, dry, on the tongue—which dose consisted of eight or ten pellets of the “nothing size.” I then dissolved two to three grains of *Sac. lac.* in half a tumbler of water, and directed a teaspoonful to be given every hour while awake, and broken ice for drink, but no food until I returned next morning.

Saw my patient next day at 10 o'clock. The treatment seemed to have throttled the disordered condition at once, as the patient had only three stools, and at long intervals between my visits, with decided amelioration of all the symptoms.

I prepared a fresh solution of *Sac. lac.*, a teaspoonful to be taken every three hours, and ordered tea and buttered toast at suitable times through the day.

Next morning, upon my third visit, found my patient sitting in bed, perfectly free from all pain, though weak, and begging for meat soup, which had been prepared in anticipation of my coming, and which I allowed. I directed her to finish the solution left the day previous. Her father called on me two days after and thanking me, said his daughter had entirely recovered.

CASE VI.

Was called to an infant of eighteen months—at the breast—suffering from what the mother termed a “fevered sore mouth.” On examining the child I found considerable general fever. Its mouth was very moist from an unusual flow of saliva, and had been so for about three to

four days. Its tongue was dotted here and there with yellowish vesicles, some of them broken and looking sore. The fauces looked very red—much more so than the tongue or rest of the mouth. The child was quite restless day and night, and in bad humor, particularly with the breast, which it wanted and didn't want. It was growing worse.

I gave it dry on the tongue, a few pellets of *China* 500, and left several *Sac. lac.* powders to be given every three hours.

Next evening the mother reported to me, as promised, that the baby was so much better that by the time all the powders were taken she would be well. The next evening I met the child's sister, a bright girl of fifteen, who informed me that the baby was entirely well and had finished the powders that morning.

CASE VII.

A few days later I was called to see an infant with a similar complaint, but worse and of longer duration—full ten days. I placed on its tongue a few pellets of *China* 500, and left *Sac. lac.* powders to be given every two hours if awake.

When I called next evening to see my patient, its mother informed me that it had a much better night, and was free from fever all day, and its tongue and throat were healing, which, on examination, I found to be so. I left more *Sac. lac.* powders, which completed the cure.

CASE VIII.

Thomas L—, a lad of seventeen, called at my office one day this sum-

mer, and rolling up his pants presented a pair of legs resembling more those of a mulatto than of a white boy (from the liberal coating of Iodine that some *good hearted* friend had rubbed over them as a "sure cure,") with long and short and rounded blebs scattered here and there over the surface.

He explained that he and another boy had been hunting squirrels, and having shot one which lodged in a tree whose trunk was tightly embraced by the Poison ivy, he assisted his companion to climb after it. But not without severe cost to himself, for he found before reaching home that his hands and both legs were poisoned and the blisters made their appearance before retiring that night.

The most annoying symptoms from that on, until he called upon me, five days after, were burning and itching, which gave him no peace night or day. His appetite was much impaired. At night he was always more or less feverish, sometimes even to delirium.

I placed a powder containing a few pellets of the 500th potency of *Sanguinaria can.* on his tongue, and handed him a dozen of *Sac. lac.* powders, with directions to take one every three or four hours and to call again when they were finished.

He did not do so, however. But hearing every day from somebody, of the wonderful cure of young Tom L., who had "caught poison on his hands and legs while squirrel hunting," I was induced to send for him on the sixth day after he had commenced

the medicine, and questioned him closely.

He said that he returned to his father's store directly after leaving my office, and showed him (his father) his legs with *not a single blister visible*. He said the reason he did so was because he felt so much relieved of the itching and burning while on the street, that he could not help stopping to examine them, when to his great surprise the blisters had "all shrunk in." On returning home that night he said that he found his lost appetite, and ate a hearty supper, upon which he slept soundly till morning. Nor has he had any return of the complaint since.

CASE IX.

Mrs. M. called me, she said, to obtain relief from violent headache and fever. Sometimes the pain was so severe that it seemed as if her head would burst. Her suffering was principally in the forehead and temples, and when worst she was compelled to keep perfectly quiet. She had considerable thirst, but did not drink very often. Her skin was hot and dry all the time. Had been suffering two or three days. Took pills "which acted well, and didn't need any more—made many applications to her head, but of no use."

I give her a dose of *Bryonia* 500, dry, on the tongue, and dissolved some *Sac. lac.* powder in a tumbler of water, and told her to take a table-spoonful every hour, and if relieved after a few doses, in the least degree, every two or three hours, until all

used. But if not better by morning to let me know and I would call again.

I met a member of the family a few days after who told me that my patient was up and well the next afternoon, and had no return of the fever or headache since.

CASE X.

A gentleman suffering from abdominal pains (darting and cutting) and frequent discharges from the bowels of slime and thin feces during the past twenty-four hours, called on me for treatment. I dropped on his tongue a few pellets of *Nux vom.* 2000, and gave him a package of *Sac. lac.* powders—one to be taken every two hours. He told me three days afterward that he had but one loose evacuation from the time I gave him the first dose, and no pain. He said his bowels were entirely healed.

CASE XI.

Was called by a lady, pretty well on

in the climacteric period of life, who had been suffering for three hours from very severe cutting-pains in the umbilical region of the abdomen. She informed me that in the last half hour of the time, the pains were almost unindurable in whatever position of her body, nor could she bear the slightest pressure on the part. The pains constantly extended upward to the ribs.

I dissolved quickly as possible about nine of the *dot* pellets, I am in the habit of using, of *Chamomilla* 6000, in one-third of a tumbler of water, and gave her a teaspoonful. In eight minutes she said relief was coming. In seven minutes more she said she experienced decided relief, when I gave her another teaspoonful of the solution. In a few moments more she exclaimed, "the pains are entirely gone, thank you, thank you, sir." Nor have they ever returned. No more of the medicine was taken.

THE OPIUM HABIT.

J. R. HAYNES, M.D., PITTSBURG, PA.

Having seen in the *HOMŒOPATHIST*, and several other journals, certain cures for the Opium habit, I will with your permission trespass upon your valuable time and space with some of my experience, and will therefore report one case.

Mrs. V., called July 9, 1872. Tall,

slender built, eyes sunken, pinched up nose. Light blonde, the perfect picture of an Opium eater. Had taken Morphine for fifteen years, and for the past five had taken twenty grains per day. Her first salutation, "Doctor, can you do anything for me? I am a curse to myself and everyone

around me, I am in hell if I don't have Morphine, and in hell if I do, I have tried everything and the more I try the firmer I am bound, I would rather die than try to live in this way." I told her I would relieve her of the habit if she would strictly obey orders, if not, I would make no attempt. I told her that her sufferings would be fearful for the first few days, but that in ten days she would not touch it if set before her. She promised, and kept her promise, first, to throw away everything in the form of Opium or Morphine, and not to touch or have it in her sight, or allow anyone to give it to her in any form or under no pretence.

Prescribed Ipecac. tincture, 30m, in one-half glass of water, one teaspoonful every hour, and should it nauseate to make a longer time.

July 10th.—Walked the floor and begged for Morphine till three o'clock, then went to bed and had a restless sleep until seven o'clock. Continue the same. Begged for Morphine, *refused*.

11.—Less nervous, slept from one to seven. Better appetite.

12.—Would hardly take Morphine if allowed. Continued same every two hours.

13.—Slept from eleven to seven. Continued Ipecac. tincture 15m, every two hours. Continued to decrease the dose and lengthen the time for about two weeks. Has had no desire for Opium since—now over five years.

I have treated some forty cases of Opium habit all with the same remedy, giving 1500 for every grain of Morphine, or its equivalent in Opium, per day. I have failed in but two cases, they secretly taking Morphine. I refused to treat them further.

I think Ipecac. tincture, given as above, is a perfect antidote to the Opium habit. But the *demon* Morphine must be strictly prohibited from the start, or the treatment will be a failure. I do not claim this as anything new, it was recommended by Hahnemann, Jahr, and a number of the older writers.

"LAPIS ALBUS AGAIN."

Not that I desire to enter into a controversy with my friend Dr. Cartwright, on the subject of cancer treatment, though, as he suggests, *any* light in the direction of success is desirable, but that I may set myself right as well as the Doctor in regard to the botanical history of the kind of *Sorrel* made

use of by these cancer specialists, as well as to add a good word in behalf of Lapis albus in another direction, I again take up my pen.

Singularly enough, while sitting at my desk to-day, writing this very article, my old patron, whom I had not seen for months, came into my

office—the patron of the reputed cure of twenty years ago—and I had the best of opportunity to learn from him directly, any history he could give. He informs me that, having been pronounced helpless and hopeless by several "regulars" of "faithful and true," he heard of an old lady cancer doctress, eighty-two years old, who applied plasters of Sorrel to his face for three days continually, whereat the cancer came away. "root and branch," and *he* says *he* has been entirely free from all traces since, minus his nose—the seat of the disease. From the history of the case, I have no doubt of the genuineness of the trouble as scirrhus, and from his description of the plant used as source of the plaster, I have no doubt but that it belonged to the species commonly but wrongly called "Sheep sorrel," and by which term he himself called it, but which is really not Sheep sorrel, for botanically, Sheep sorrel belongs to the genus *Rumex*, of the Order, *Polygonaceæ*. Sheep sorrel, or Field sorrel, *Rumex acetosella*, is the common Sorrel of our meadows and a nuisance to the husbandman, and belongs to the *Sour* dock family, as its name Sorrel, *sour*, implies.

Whereas the species at issue is really of the genus *Oxalis* acetosella, of the Order, *Oxalidaceæ*, Wood sorrels, but not the species the Doctor suggests, *Oxalis violacea*, or violet wood sorrel.

I am no advocate of the itinerant cancer-doctor's nostrums, but there is certainly some success in these things, generally more satisfactory than the

toxics of the most skillful surgeon, and in the case of the good Doctor, reported in the September number of the *HOMŒOPATHIST*, I must still believe the favorable results were more due to the use of the nostrum of his predecessor than to the use of the Lapis albus he prescribed.

I have no doubt good was done by the use of Lapis, for it bears a close relationship to these deep-reaching agents that are supposed to penetrate to the *prima vis* and improve the organic life. It bears a close relationship to Silicea, Calcarea carb., and Sulphur. According to Buchner, Lapis albus—Dolomite—is composed of 47.25 per cent of Carbonate of Magnesia and the rest of Calcarea sulph. And I desire here to call the attention of the profession to an important use to which I have subjected it, taking the hint from its derivations, its constituents, and the analogous range of action of its congeners, Silicea, Calcarea carb. and Sulphur. I have never seen any notation of its provings, nor do I know that it has ever been proven any farther than the observations of Grauvogl, as to its effects upon the peasants of the Tyrol who had drank and used plentifully of the waters running over the granite and gneiss-abounding rocks of the mountainous country, and his experiments with it thereafter. But being disappointed in the slowness and uncertainty of the use of the older remedies for the treatment of glandular troubles, I prescribed the Lapis in some serious

cases, that I had to treat, of enlarged and indurated cervical glands, and to my surprise and satisfaction, I met with the most happy results, discussing and banishing them entirely in a very reasonably short space of time. In one case of very marked scrofulous diathesis, a young lady of eighteen, a case of pulmonary tuberculosis, that I had treated for some time with some improvement on the ordinary indicated remedies, but for which I dispaired of doing much good, I was led to use the *Lapus* on account of a string of enlarged cervical glands, that had resisted old school lotions and drug-

ging before me, and I had the happy satisfaction to see my patient not only get well of the enlarged and deforming glands, but to so recover from the pulmonary invasion as to need no further medical attention—has since married and enjoys excellent health.

I have added these last remarks to call out the experience of others in this direction and to secure this disappointing agent from being discarded as useless from our *materia medica*. Try it, gentlemen of the profession, and report your experience in this practical journal.

Pittsburgh, Pa. B. F. Dake.

AVOIDABLE OBSTACLES TO HOMŒOPATHY.

A. R. BARRETT, M.D., NASHVILLE, TENN.

A Paper Presented to the Homœopathic Medical Society of Tennessee.

Homœopathy has had many obstacles to contend with from the time of its birth. It has been attacked upon all sides by partisans of the old school who have hesitated at nothing in their attempt to check its progress.

Homœopaths are made the butt of ridicule in the allopathic colleges; are sneered at upon every occasion; attempts are sometimes made to ostracise them from society; their unsuccessful cases are exaggerated, and all manner of tales put in circulation in regard to them; in fact, every conceivable obstacle is thrown in their way. All great reforms have passed

through very much the same ordeal, and wherever they have been really good and true nothing of this kind has ever affected them materially.

All these are the *natural* and unavoidable obstacles to homœopathy, the result of competition, self-interest, and the prejudices of the people. In spite of it all, however, homœopathy has spread rapidly, showing that *these* obstacles have no power to check its progress.

There are other obstacles in its course which have injured it and will continue to do so unless removed. These are the *internal* and *avoidable*

obstacles. We can place them under three heads. 1. *Materia Medica*. 2. "Potencies." 3. Pathology.

MATERIA MEDICA.

The voluminous and unreliable *materia medica* forms a terrible stumbling block to the student of homœopathy. It seems as though the idea was to get *as many symptoms as possible* for each drug—regardless as to whether they are veritable drug-symptoms, or personal symptoms peculiar to the prover, or symptoms arising from other causes—and to search for medicines amongst all kinds of matter, sometimes too foul to mention, while there are plenty of well-known and "respectable" drugs, which, if properly proved, would furnish all that is required for the removal of disease. The consequence is a *materia medica* of many volumes and almost useless in a practical point of view. If *reprovings* could be made upon the plan proposed by Dr. J. P. Dake, at the meeting of the American Institute of Homœopathy in 1873, and lately followed by Professor Wesselhoeft, of Boston, and Professor Jones, of Ann Arbor, we would have a *materia medica* of some practical value and not half so large as now.

"POTENCIES."

The question of "potencies" seems to have aroused a spirit of contention in the homœopathic fraternity, almost as bitter as any between the old school and the new. These dissensions surprised me as they have many others who have turned their attention towards homœopathy expecting

to find the most perfect harmony. Why this feeling should exist I cannot see, for homœopathy does not mean small doses, nor high nor low "potencies." These should be left to the judgement of the practitioner; *all* who practice under the law of *similars* being homœopaths. The question of dose or quantity is not considered a cause for contention amongst the allopaths, each physician being considered capable of using his own judgement in such matters.

The heat of this combat seems to be greatest among "high potency" men, they setting themselves up as the *only true* homœopaths or followers of Hahnemann. In all their clinical writings they invariably report the attenuation of a remedy, whereas with others that matter is considered quite unimportant.

I notice frequently, in articles by some of the advocates of "high potencies," the term "*pure homœopathy*" applied to their system of potentizing remedies. This places them in a very ridiculous light. It appears as though they had a patent right, and they were afraid some one would infringe upon it, or try to interfere with their business by introducing a spurious article, (as is often done by tradesmen and manufacturers,) and they were anxious the public should know that they were the only "*original Jacobs*." In reading clinical reports I have often come across the words "Fincke," "Jenichen," etc., placed immediately after the name and potency of the remedies employed, as though noth-

ing could be *just right* except under these talismanic words.

There can be no such thing as "*pure*" nor "*spurious*" homœopathy; it is well defined in three words—"*similia similibus curantur*"—and *all* who accept this and follow it are homœopaths, and *none others*, however high their "*potencies*" may be and however close their adherence to the "*single remedy*."

The homœopath must employ the *similar remedy*; and in order to do this successfully he must, first, know from thorough and careful provings, and not from somebody's imagination, what his several remedies are found to do in the healthy human body; second, he must give his remedy in such form and quantity as to make the impression required; third, he must repeat his dose and regulate the circumstances of his patient as each case may demand.

PATHOLOGY.

A *great* obstacle to the advancement of homœopathy is the position taken and articles published by some of its would-be leaders against pathology. It cannot be possible that they wish to lower the standard of education amongst homœopaths. If they do *their* downfall is certain.

If they drop pathology, why not drop anatomy and physiology and chemistry from the list? Why not, indeed, drop *every* branch from *their* catalogue which is taught in the allopathic colleges? One is as important as the other, and to the physician they are all important, each one filling its own

niche, yet all working together in the common cause. Pathology is nothing more than physiology plus disease, or, "*sick physiology*." The student must be well acquainted with physiology before he can understand pathology, and must be familiar with anatomy before he can understand physiology. Now any educated man knows that a physician cannot be *too* well acquainted with the human system and its affections; and to become acquainted with them he must make himself familiar with these studies.

They say that Hahnemann was opposed to pathology, but I think he only cautioned against it as used by the old school instead of symptomatology in the administration of medicines. *They* say that pathology is *materialistic*. In this I agree with them fully. What are they dealing with but *matter*? There is nothing very *spiritual* in a case of cholera morbus or delirium tremens, such an argument is too ridiculous to answer. To the *bodily* and not the *spiritual* ills we minister. With a good knowledge of anatomy and physiology the physician goes to pathology and is able then to compare the human system in a state of health with it in states of disease. Pathology proves itself to any enlightened mind to be but a proper generalization of symptoms. By its synthesis and affixing of names to different groups of symptoms as found in disease, a physician can readily and quite satisfactorily get a picture of the complaint. His diagnosis and prognosis

will be based not only upon the symptoms *present*, but also upon symptoms or changes antecedent and subsequent characterizing the case. Not unfrequently the physician must make an examination of the part diseased; but of what use would such an examination be to him if he was not familiar with pathological anatomy and the course of pathological changes?

The course taken by these parties has lead many to prefer to graduate from allopathic colleges, reading homœopathic practice and materia medica afterward, feeling that they will be better prepared as physicians by so doing. This is a decided detriment to homœopathic institutions; and if they would have it otherwise they must let it be known that they are as

thorough in their teaching of the fundamental principles of medicine as the old school.

All these obstacles, although very great, can be easily removed, leaving homœopathy in a better condition than ever. By an earnest endeavor upon the part of the homœopathic fraternity to have a thoroughly reliable and practical materia medica; by discountenancing all illiberality as to doses; by having our students as thoroughly educated in *everything* pertaining to medicine as possible, and, in fine, by evincing a determination not to be lead by the nose by a few wild enthusiasts, we shall advance with rapid strides until our great therapeutic law is universally acknowledged.

AN OBSTETRICAL CLINIC.

SHELDON LEAVITT, M.D.

[Professor of Obstetric Anatomy and the Mechanism of Labor in Hahnemann Medical College and Hospital of Chicago.]

Case 4027. Mrs. B., aged thirty-eight years, a woman well-nourished and vigorous, was received December 29th, 1877. Has had two children, one born twelve and the other five years since. Her labors were natural and not very long. No instruments were used, and there was no laceration of the soft parts so far as she knows. Her health was not good until after birth of second child. Had a period of ill-health a year ago.

Has been well throughout this pregnancy. After birth of second child was treated locally for uterine ulceration. Nursed both children. Menstrual periods ceased about the 1st of last April, but she cannot recall the exact date. Had no morning sickness. Felt quickening at an early date in pregnancy.

Heart and lung sounds normal. Pulse, 78. Abdomen well developed. Fœtal heart-sounds below and about

two inches to the left of the umbilicus, 132 to the minute. *Os uteri* not very high in the pelvis, and patulous. Finger passed readily to internal os. The perineum was found to have been ruptured at a previous labor, to within one-quarter of an inch of the anus, and the rent unrepaired.

January 16th.—In the evening experienced what she termed a “shrinking” of the abdomen, but had no pain. Examination, *per vaginam*, disclosed an open condition of the os, permitting the introduction of two fingers, but the lips felt unusually hard and unyielding.

January 17th.—About noon commenced having pains, slight, and at long intervals. These continued during the day and evening. Mucus, tinged with blood, was discharged from the vagina. At 10 P. M. there was no perceptible change in the *os uteri*.

January 18th.—Shortly after midnight the pains came on with greater force and frequency, and continued during the night and morning. At 9:30 A. M. dilatation of the os had taken place to the breadth of a silver dollar, but the lips were still moderately hard. The head lay at the superior strait, with the face to the right sacro-iliac synchondrosis. Shortly afterward, Chloroform was administered, which was exchanged for Ether after a moderate degree of anæsthesia had been induced. Pulse 80, firm, and round. Foetal heart sounds distinct in former location. At 10:25 A. M., the membranes were ruptured and the

forceps applied, being locked at 10:26¼ A. M. Feeble traction was made and continued at intervals until the head passed the vulva at 11:04 A. M. Uterine action being deficient, a hypodermic injection Squibbs fl. ext. Ergot gtt. xv. was given in the left calf at 10:37 A. M. with decided effect. Birth was completed without much delay. The child, a large male, cried lustily, and the cord was tied and cut at 11:09 A. M. The placenta was removed with slight traction at 11:18 A. M. There was no laceration of the soft parts. The cord was long and had a knot in it. Notwithstanding the uterus was followed down by the hand of an assistant, hæmorrhage took place to the quantity of about one and one-half pints, but was checked by the use of cold water and supra-pubic pressure. The patient's pulse ran up to 100, but gradually fell to 80 within one-half hour. The contracted womb was held by an assistant for nearly an hour, at the end of which time a bandage was applied. Meanwhile the patient was placed in a dry bed.

The case of labor from which we have just come was one of rather more than ordinary interest. It may not be amiss that I should review some of its chief features, inasmuch as teaching of a clinical sort is always the most impressive. You have been with this woman from an early period in labor, noting the changes as they occurred, and witnessing the entire operation of instrumental delivery, and the case, I

trust, has been indelibly impressed upon your memory. Now if, in connection with this, I can give you a few hints, germane to the case in point, and applicable to other cases of a similar kind which are likely to arise in your practice, I shall succeed in making practical a fraction of knowledge which you have acquired from didactic instruction. With a clinic like this fresh in your minds you will be able to connect what I now have to say with the circumstances of it, and thereby retain details that would otherwise be forgotten.

Turning to the ante-partum history of this woman, as it is found in the record which was read in your hearing, we find that an incomplete rupture of the perineum occurred during some previous labor, and existed unrepaired for a number of years, without the patient's knowledge. Professor Ludlam has doubtless given full instruction regarding the accoucheur's duty in relation to this accident, in his lecture on the operation for ruptured perineum, and I allude to the subject now only to impress upon you the fact that a laceration of no greater magnitude than this rarely occasions much suffering, and sometimes escapes the patient's notice altogether. Knowing this you will not suffer yourselves to be unduly disturbed by reason of such an occurrence, nor will you feel that the heavens are likely to fall provided the woman be not subjected to an immediate operation for her relief.

Notice next the open condition of

the os uteri discovered on the 16th before labor had actually set in, at which time, I easily introduced two fingers, and plainly traced the sagittal suture of the presenting head. This condition of the os is not uncommon. In the case of a pluripara, confined a few days ago, it was similarly dilated, and two weeks prior to delivery I easily passed two fingers. A condition the opposite of this was that presented in two women confined during this session. In one of them, fifty-six hours after labor pains came on, the os had expanded only to the breadth of a silver half-dollar. In the other, sixty-eight hours after the advent of parturient efforts, there was no real dilatation, as the point of one finger only could be introduced. It should be added that both these women were primiparæ. An acquaintance with such facts is invaluable, although your text-books may make no allusion to them. For example, let us suppose that you, being ignorant of them, should be called to a woman suffering with what she assumes to be labor pains. Upon examining *per vaginam*, finding the os in the open condition described, you might be so far misled as to pronounce false pains genuine, and assure your patient of a speedy delivery. On the other hand a closed os, persisting for many hours after the advent of true labor pains, might serve to utterly confound you. But being forewarned, you will be forearmed; and knowing these sources of fallacy, you will adhere strictly to the wholesome admonition given in a for-

mer lecture, and base your diagnosis and prognosis on the symptoms in their totality.

Some hints regarding the use of anæsthetics in labor would not be out of place here, but, as I intend to discuss that question before the entire class, I shall reserve them for that occasion.

Passing to the instrumental features of the case, I shall offer a few observations on the use of the forceps, though in so doing I am forced to reiterate some directions previously given. I pass over in silence the general indications for this sort of interference, and limit myself to the operation when once it has been decided upon. Inflexible rules regarding the proper moment for instrumental aid, and standards from which to determine what constitute justifiable grounds for the application of the forceps, are extremely difficult to establish. What is recognized as a demand by one operator would be rejected by another. By studying the reported experience of those who hold unlike views, and comparing results with results, each and every practitioner ought to become informed upon the advantages and disadvantages of forceps deliveries and regulate his practice accordingly. At present there is no subject in the whole art of obstetrics upon which there is less concurrence of sentiment than the one of which I speak. Then, not to delay at this point, let us consider the conduct of a forceps delivery as it occurs in private practice, knowing, as

you must, that it should vary in some respects from a similar delivery in a hospital before a class of medical students. I would advise you in early practice, in such cases, for your own protection, to call counsel, if you can do so without unnecessary delay or trouble, as by so doing you transfer a part of the responsibility to another—an item of descretion you will learn not to undervalue. Regarding an anæsthetic, my preference is for its use unless contra-indicated. However, if you have no skillful assistant, I would not advise an attempt at its administration, as an unscientific use of it is fraught with unusual danger. The patient may lie upon the back, or the left side, according to circumstances; but which ever decubitus is adopted, be sure to bring the buttocks close to the edge of the bed. If she be placed upon the back, her feet may rest upon chairs, or the edge of the bed, and should be firmly held by assistants. If she lie on her side, the thighs must be firmly flexed and so held by a single strong assistant. Neither during an application of the forceps, nor in the process of delivery is it necessary to expose the woman to any considerable degree. But should you be comparatively unskilled, rather than needlessly embarrass your movements at an expense of increased danger to the patient, do not hesitate to remove the coverings. I will not detail their mode of application, but shall merely reiterate the precautions to be observed in the introduction of the

blades. Be sure that they pass within the uterus. Beware of violence. Bear in mind the curves of the instrument, and so manipulate the blade that it may accommodate itself to the pelvic curve and the foetal cranium. The forceps once applied and locked, the greatest difficulty is not always overcome; but do not suffer mental agitation nor undue confidence to betray you into unnecessary haste, or the application of too forcible traction. Remember your relation to the patient; forget not that you are operating on the gentler sex; consider the dangers of contusion and laceration, and beware. The foetus has claims upon your consideration which may not be disregarded. Keep before your fancy the perilous nature of the transit which the child is making, and avoid too powerful and too prolonged compression. Traction ought to be coincident with uterine efforts, or they should be substitutes for them. Relax your hold upon the handles between each pull, and give the little passenger a chance for life. If you adhere strictly to these injunctions you will operate successfully. In conclusion I venture the suggestion that, if you now and then review the chief features of this operation with its contingencies, you will be prepared to execute satisfactorily in detail; but, neglecting so to do, in some important respects, you may egregiously fail.

The next circumstance which I design to notice is the hæmorrhage which ensued in this case after

abstraction of the placenta. Our patient was rather plethoric, as you doubtless observed, and vascular action was more or less excited. Women presenting these characteristics constitute one very prominent class of hæmorrhagic patients. While the loss of blood in this instance was not very extensive, it was amply sufficient to powerfully reduce a less plethoric person. I mention this occurrence, not because of its importance *per se*, but rather as a type of bleedings which you will find quite common in ordinary obstetrical practice. The treatment of such a hæmorrhage should not be too vigorous. Observe how speedily the flow was checked by a little cold water and firm pressure over the uterus. Bleedings occurring while the womb remains tolerably firm in its contraction, are, in general, unimportant, though they may serve to alarm the novice. While I would not dissuade you from putting forth active efforts to arrest such eruptions of blood I would inculcate the importance of regulating the vigor of your treatment by the exigencies of the emergency. It is only in persistent and copious flooding that the more energetic and powerful measures should be adopted, as otherwise results may follow which are different in nature, but more serious in character, than those which, we seek to avert. In case of post-partum hæmorrhage, recollect that the flow probably depends upon a relaxed condition of the uterus, and let every effort be directed toward an induction of firm,

persistent contraction of this organ. In exceptional instances hæmorrhage may be due to a spurting vessel in a lacerated cervix uteri, or in other soft parts, remote from the placental site. When this is true, firm uterine contraction will not control the flow, and the treatment should be conducted on general surgical principles.

There are other items of interest upon which we could profitably dwell, but I forbear. In conclusion let me say, in all obstetrical emergencies, though some of them are the most dreadful that man encounters, be calm and collected. Do not suffer your minds to be distracted by a sense

of the responsibility which rests upon you. Your tranquility will serve to inspire confidence in your patient and her friends; will preserve, and perhaps enhance, your reputation; and, what is better than all, will permit you to obtain the best results. It is far better to be deliberate at an expense of time, and render efficient aid, than to be hasty in economy of moments, and put forth unavailing efforts. If you learn thus to pursue the even tenor of your professional way, the time is not far distant when you will be recognized as skillful, competent, and above all, judicious physicians.

MORE ABOUT THE ABSORPTION PROCESS.

C. A. HUGHES, M.D., FLINT, MICH.

In your number for November, appears an article by E. M. Hale, M. D., entitled "A Critical Period for Homœopathy." In your last number I notice a reply signed, Homœopath.

Evidently Homœopath does not get the chief point in Dr. Hale's article, when he expresses his surprise at the fears entertained by the Doctor, as he clearly shows the eminent danger to which our school is at present exposed. The array of facts presented in his article are ample proof of the soundness of his views; and if his professional brethren will take the facts and weigh them upon their merits, and compare the results with

the condition of things existing in their own individual fields of practice, it must appear to every wide awake and observing practitioner that the views expressed in this most valuable article are not exaggerated or in the least highly colored, but sound to the last. It is not with practitioners alone that we have to deal in this contest, but largely with eminent allopathic teachers who for several years past have been advocating the use of small doses of drugs.

Dr. Gerrish, formerly of the medical university at Ann Arbor, in his lectures on materia medica during the session of 1874-5, recommended the

use of small and frequently repeated doses (equal to our 2x and 3x,) as indispensable to a successful practice. And, said he, "*though it is unscientific to prescribe for symptoms you must look to the symptoms first and then the cause.*"

And thus numerous other teachers have taken up one after another of the principles of homœopathy, at the same time refusing to acknowledge the source from which they drew these truths. But at present they do more, they read our journals and works on therapeutics and prescribe our potencies according to homœopathic indications. No one attempts to deny their right to read our literature nor to prescribe our remedies if they would only act honorably and "render unto Cæsar the things that are Cæsar's." But a large majority of the more intelligent class of people scarcely know the landmarks dividing the allopath from the homœopath since (as they say) the two prescribe so nearly alike. I have recently been informed by one of the leading homœopathic physicians of Jackson, Mich., that the allopaths of that place are supplying themselves with our materia medicas, in order, of course, to better guard off the just and well-aimed blows of homœopathy. Some good tame homœopaths please to call this the first step toward conversion; these, however, are a class of men who know very little of their real surroundings and rest contentedly under the smiles of similia or of their admiring patrons and never look into the future to see who will next rise and show that

supine contentment is a failure. This is not the time for physicians to be dreaming over the past achievements of homœopathy, but all should be on the alert or, ere they are aware, they will have recorded its triumphs for the last time. Present indications go to show that the allopaths have become alarmed at the rapid advance of homœopathy during the past few years, and in view of this grave aspect many of the leading minds of their school have been driven to the wall on the question of dose and in consequence have adopted strictly homœopathic treatment in private practice as their only means of successfully combating the homœopath; and yet when inquiries are made as to the means of treatment employed, they assure their patrons that the remedies as prescribed are simply a modified form of *regular* treatment, and denounce homœopathy as a delusion and homœopaths as frauds. Right here rests the whole weight of Professor Hale's article, "What are you going to do about it?" It seems to me this only means, How can we best expose the true condition of things to the public gaze? The profession are reached through the medical press and societies, while very few of the laity ever see a medical journal, hence know nothing of what is daily occurring in the general field of practice except as informed by the family physician, whose statements they indorse fully, and thus get but one side of the question, unless the doctors, (as they term it,) get up a warm

discussion through the secular press, then both sides are read with interest. Just here, in my opinion, lies the only successful means of reaching the masses; then let the advanced practitioners of the several states meet and so organize as to enable them to bring this matter clearly before the

minds of the people, and whenever it is known that allopaths are encroaching upon homœopathy publish the facts and thereby force them to openly acknowledge our law of cure, then we will receive justice at their hands and not until then.

CHINA OFF. IN CONSUMPTION.

C. E. FISHER, M.D., SAN ANTONIO, TEXAS.

No remedy do I find more frequently indicated in the treatment of night-sweats of consumption than the China, in the lower dilutions—1st to 3d. Cases of night sweats which have long baffled medical treatment, allopathic and homœopathic, have readily yielded to China, 1st or 2d, repeated every two hours, to the satisfaction of myself and the great delight of the patient. But seldom has it failed me. Now and then Phos. acid or Silicea are called for, but for a very large majority of a goodly number of cases

treated, China has proven itself to be *the* remedy. The sweat is usually very copious and exhaustive, slightly staining the linen, not especially offensive, leaving the skin clammy and sticky. It is generally more copious from the chest, neck, and forehead, and occurs the moment the patient drops into a sound sleep. When this train of symptoms is present, China 1st to 3d is loudly called for, and in nearly every instance will respond to the call in a very gratifying manner.

SPERMATORRHOEA.

J. T., aged thirty, Irish, spermatorrhœa of three months duration. Semen escapes when urinating and at stool without causing any unusual sensation. Has a dull, heavy pain

in the sacral and lumbar regions. Headache, pain going from one temple to the other. Nux vom. 30 did not relieve. Urine flows and stops at each emission. Con. 30, relieved.—H.

VOMITING OF PREGNANCY.

E. M. HALE, M.D.

[Professor of Materia Medica and Therapeutics in the Chicago Homœopathic College.]

The very practical article in the December number of the HOMŒOPATHIST, by Professor Foster, in which he gives several cases of vomiting of pregnant women, rapidly removed by replacing a dislocated uterus, prompts me to place on record several similar cases.

Prof. Grailey Hewitt, of London, was, I believe, the first to call attention to the fact that a majority of cases of severe vomiting during pregnancy, is caused by uterine displacement (flexions). This observation includes the vomiting which occurs during the first *four* or four and a half months of pregnancy, "because the uterus is still in the pelvis." It has recently been discovered that obstinate vomiting *after* that date, in the later months, is due to a contracted state of the os, and that it is promptly arrested by slight, careful dilatation.

CASE I.

A young, healthy, married woman, whom I had treated a year previous for retroversion, became pregnant, and about the *fifth* week was attacked with violent and almost constant vomiting. Her mother and friends dissuaded her from calling a physician because "the vomiting belonged to pregnancy, and there was nothing to be done." About the seventh week, however, the husband became anxious

and called me in. From my previous knowledge of her history I immediately suggested the probability of a retroflexion. She was loath to have an *examination*, and her mother "never heard of such a thing." I therefore gave Nux vomica, which seemed indicated. But in a few days I was summoned again. I then made an *examination* and found the uterus retroflexed. Dr. Thomas' retroversion pessary was placed in position, which changed the retroflexion into the normal position of the uterus. After this she had no vomiting or nausea, except the *ordinary morning sickness*. I italicize the last phrase in order to call attention to the fact that in the majority of cases, where the vomiting or nausea *grows worse as the day advances, we may safely diagnose some uterine displacement.*

CASE II.

Mrs. B., multipara, pregnant with her third child. Four years ago she miscarried at three months, "from excessive vomiting," as her medical attendant said. She was now about two months advanced, and vomited everything she ate or drank. The empty retching was very agonizing. When I was called it was for *dysenteric symptoms*, and here I wish to make another point—namely: *that when a pregnant woman, before the fourth*

month, complains of tenesmus with small mucus or watery evacuations, look for retroversion of the uterus. In this case I insisted on an examination and found not only a retroverted but a very sensitive and inflamed uterus. It was with difficulty replaced, and required a long, Jackson's retroversion pessary to retain it in its proper position. The next day all but the morning nausea ceased, but it required absolute rest, with side and face position in bed for several days before the pain, soreness, and rectal irritation disappeared. The use of Arnica and Caulophyllum proved valuable.

CASE III

Was one of a more unfortunate character. Mrs. C., married a few months, "passed over her time" ten days, when she was suddenly attacked with violent vomiting, occurring from walking or riding, or when voiding a constipated stool. I gave her Nux v., Cocculus, and Argentum, which corresponded with the three above given causes. But no benefit followed their use. I had treated her before her marriage for retroflexion, and I now suspected the same condition. An examination proved the correctness of my opinion. The uterus was pushed up, an Albert Smith pessary placed under it, and the vomiting ceased. She wore the pessary two weeks, then at her request I removed it. For ten days all went well, when, after a long walk, and climbing many stairs, the vomiting again occurred, and continued two days, or until a pessary was inserted. Again at the third

month the pessary was removed, and, notwithstanding the persistent use of Sepia and Lilium, the uterus became retroflexed at three and a half months, this time from straining at stool, she thought. Again the pessary was inserted with prompt arrest of the vomiting, which was this time so violent as to lead to spasmodic retching and vomiting of bloody mucus. She wore this last pessary two weeks, when contrary to my advice she removed it herself. I then cautioned her very impressively against any severe exercise, such as going rapidly up stairs or down, riding over rough roads, or straining at stool. For about two weeks she was perfectly free from any pain or discomfort, and everything bid fair for a perfectly normal advance of pregnancy. At this time I visited the Centennial Exposition, and then went abroad with my family. A few days after my departure, she entertained at her house some friends from California, and unfortunately felt obliged to attend them to places of amusement, and on long rides over the rough wooden pavements of Chicago. On one of these rides, her husband informed me that she was attacked with such severe pain in the back, and lower bowels, with extreme nausea, that he was obliged to place her on a street car and take her to his residence. After arriving home she was attacked with violent retching and vomiting of watery mucus mixed with blood. A prominent homœopathic surgeon, of this city, now deceased,

was called in, but from some inexplicable reason did not recognize the cause of the trouble, notwithstanding the woman's suggestion as to the nature of the previous attacks, and the means I had taken to remove them. She rapidly grew worse, the pain in the back and hypogastrium became agonizing, the vomiting became grumous, and delirium supervened. At this juncture, the attending surgeon, for an equally inexplicable reason, transferred the case to a neighboring physician, whose utter ignorance of the pathological condition of the uterus, and the cause of

the attack, was manifested by his absurd symptomatic treatment. In consequence of the total neglect of the ordinary and simple treatment of this case, the poor victim died on the fourth day, after expelling in her last agonies a fœtus of nearly five months.

These cases, especially the last, should serve as practical lessons to all physicians, not to overlook the displacements of the pregnant uterus, but to act promptly and decidedly, and not to rely upon medicines to remove a condition only amenable to replacement and mechanical support.

SYPHILITIC IRITIS.

WALTER M. DAKE, M.D., JACKSON, TENN.

[Report of a Case read before the Homœopathic Medical Society of Tennessee.]

In lieu of an article on this subject, I will present a case which, in my opinion, is a typical one, showing clearly the characteristics of the disease as well as its successful treatment.

The patient, a woman aged thirty-five, contracted syphilis from her husband in the spring of 1876.

She came to me July 13, 1877, complaining of deep-seated pain in the right eye, worse on exposure to light. She also complained of occasional pains in infraorbital region. The pain was worse at night. Besides the symptoms involving the eye, there was loss of appetite, pains in limbs,

especially at night, and an eruption particularly well-marked on the inner sides of legs and arms, evidently of specific origin.

On examination I found the eye intensely inflamed, with a net-work of enlarged vessels over the sclerotic, and the peculiar zone or ring surrounding the cornea which is found in iritis. There was considerable photophobia, the iris was changed in color from a dark-brown to a reddish-yellow, its edges were irregular and tumefied, the pupil was small and very irregular, and there was considerable swelling of the lids.

I selected Merc. cor., giving it in

the 2d attenuation, two grains three times a day; also had a solution of four grains of Atropine to one ounce of water, dropped into the eye three times a day.

July 14.—Pain in infraorbital region almost gone, slept better, pain in eye less, pupil fully dilated, but little change in appearance of eye. Continued same medicine.

July 15.—Decided improvement, inflammation less, less pain. Continued same treatment.

July 17.—Still improving, swelling of lids gone, has little or no pain in eye, no photophobia. Merc. cor. 3, three times a day. Atropine continued.

July 20.—Inflammation almost gone, sight improving, no pain, sleeps better. Discontinued medicine.

July 24.—Eye looks natural, no pain, no photophobia. Cured.

August 18.—No return of attack. Sight perfect.

PNEUMO-HYDROTHORAX.—A CLINICAL LECTURE.

J. S. MITCHELL, M.D.

[Professor of Theory and Practice and Clinical Medicine, Chicago Homœopathic College.]

Reported by G. D. Yokom.

From the large number of cases awaiting our service to-day, I call your attention to this patient, who affords us a rich mine for physical diagnosis. He has the following history:

F. O., young man, aged twenty-six, iron turner by trade, was in good health until 1874, when he had hæmoptysis. Hæmorrhages occurred from time to time for a period of two years. Sometimes the amount of blood lost was very small, sometimes it was half a pint or more. For a year past no hæmorrhage has occurred, but there has been cough, and after exertion, expectoration, mucus or muco-purulent. Two years ago he noticed, when swaying the body, a

swashing sound. After a year or so it disappeared, but for some months it has again been present. There is no pain in the chest, but considerable difficulty in breathing. He can lie only on the right side, for any length of time. Dyspnœa occurs very soon and in marked degree if he lies on the left side. His appetite is good, pulse now 84, and he was able to work until the last few days.

We will, after having had the patient stripped to the waist, shake him as Hippocrates long ago advised. You notice, audible all over the room, a swashing sound, such as you hear when a few gallons of fluid are placed in a barrel and it is rudely agitated. We call it the succussion sound, and it

is caused in the chest precisely as in the barrel, by air or gas and liquid. I never heard it so strongly marked. (The patient then bracing himself swayed his body backward and forward and a succussion sound was heard even louder than when he was jogged). He has learned to succuss himself, knowing that he is something of a medical curiosity.

When we hear *so loud* a succussion sound in the chest we unhesitatingly diagnosticate pneumo-hydrothorax (air and water in the pleura). I say *so loud*, because a succussion sound is present in advanced phthisis pulmonalis, and also occasionally when the stomach contains liquid and is distended with gas at the same time. The sound which a large vomica gives is not loud and must be carefully sought, and the stomach gurgle can be distinguished by its situation and concomitants.

Therefore, when, as in this case, the succussion sound is audible all over the lecture-room, we assume it to be pathognomic of pneumo-hydrothorax. It should be noted, however, that this disease may exist and no such sound be produced, on account of the liquid being relatively much greater than the air or gas or because of its density.

As we rarely find a patient with so pronounced a succussion sound, and in ordinary cases where it is not so marked have to diagnose more closely, we will study the other signs. You notice, on inspection, that the right side of the chest looks much larger

than the left. Mensuration shows it only half an inch larger. We are a little surprised at this in view of the loud succussion sound but we note that the intercostal spaces bulge considerably, and that percussion shows the liver to be depressed, the heart pushed to the left, and the lung condensed to a marked extent. There is therefore plenty of room for the liquid and gas. Percussion gives us a clear tympanitic sound all over the right side in front to a level with the seventh rib. Behind the sound is tympanitic, save for a small space at the summit of the chest where the condensed lung is situated, until you reach the seventh rib. Below that point we have flatness which indicates that we have reached the level of the fluid. We observe on striking the thoracic parietes that there is well-pronounced elasticity above the line of flatness. These percussion sounds are in themselves quite diagnostic. The tympanitic resonance is very pure in quality and high in pitch. If it were due to gas in the stomach its quality would be very similar, but it would in that case diminish as we passed upward on the chest. In pleuritis, with its ordinary effusions, the resonance over the lung above the liquid is vesiculo-tympanitic in character. The same is true of the resonance elicited over solidified lung. In both the two last cases when the conditions are right the sound may become quite tympanitic, but it never has the clear ring and high pitch of the pneumo-thorax resonance.

The exaggerated resonance of emphysema is clearly vesiculo-tympanic; moreover, emphysema is usually bilateral, pneumo-thorax unilateral. On the left side the percussion sound is somewhat tympanic though less distinctly so, illustrating the point just made, for on this side the sound arises from a different cause, viz., solidified lung. It owes something of its character doubtless to transmission of the marked tympanic sound from the opposite side. You will please note these differences as I percuss. The heart is displaced an inch to the left and considerably downward, its apex beat being in the seventh intercostal space and, vertically, on a line with the nipple. It is also hypertrophied, the area of cardiac dullness is increased and its sounds are intensified on auscultation. We will now consider other phenomena present. On the right side we find absence of respiratory murmur, and of vocal resonance all over the chest. At the summit behind, over the solidified lung, is a feeble bronchial respiration. I find neither amphoric respiration nor metallic tinkling which would seem to indicate absence of perforation of lung. These signs are usually found in similar cases. It is not common to find the respiratory murmur entirely absent. In many cases it is present though feeble and distant sounding.

On the left side anteriorly we have in the supraclavicular region bronchial respiration, in the upper part of the infraclavicular it is also present,

changing at its lower portion to cog-wheeled or interrupted respiration. In the mammary region the sound is normal. Posteriorly we have the bronchial respiration all over the chest, most marked, however, from the sixth rib downward. Bronchophony is heard over most of this lung. We can therefore assume the cause of the pneumothorax to have been a perforation of the pleura from destructive process originating in the lung. A large proportion of cases of this affection result from such a cause. An emphysema bursting into a bronchus furnishes the next largest contingent, and a few cases arise traumatically.

This man can attribute his present serious condition to his occupation. Inhaling iron filings excited irritation first in the bronchi, faulty hygiene or some one of the many predisposing causes of phthisis existed; irritation continued; inflammation arose, extended and increased, until finally a vomica near the pleura broke through the pulmonic layer, air entered and the pneumo-thorax existed. It is quite singular that in this case the patient was not aware when the escape into the pleura occurred. Usually it takes place suddenly during some violent muscular effort and the patient is seized with pain and subjected to extreme dyspnoea.

You will recollect we found his pulse 84. Pneumo-hydrothorax, uncomplicated, is unattended with fever. The lung is not now undergoing active inflammation. His temperature is normal. His cough and expectoration are

due to the condition of his lung and bronchi, not to the pneumo-hydrothorax. You will observe that he is cyanotic, the nose and mucous membrane of the lips are quite blue. The dyspnœa is not great unless the patient moves rapidly or lies on the side unaffected with pneumo-hydrothorax. With the condition of the left lung you may be surprised that he has not excessive dyspnœa. It illustrates well what I have told you in my didactic lectures that dyspnœa is usually proportioned to the suddenness with which obstruction occurs and the nervousness of the patient rather than to amount of lung affected. This man's dyspnœa has grown gradually greater and he is so accustomed to it that he walks briskly about the lecture-room with no very marked increase, yet with considerable deepening of the cyanosis.

His voice is deep and strong. In some cases very weak voice or even aphonia may exist.

TREATMENT.

We shall place this patient upon Arsenicum 30x. The prognosis is of course unfavorable, but we have seen in our clinics how homœopathic remedies have stayed the progress of incurable chronic affections and mitigated the severity of some of their symptoms. We therefore seek to give this man all the relief we can. It seems from the statements of those who live in the same house that he feels much worse at night so that he is in a frenzied condition. He has the yellowish and bluish color that

indicates this remedy. For promotion of absorption of effused serum Arsenicum is one of our best remedies. Experienced homœopaths can testify that they have known the urine to be increased largely in quantity and serus effusions diminish even while administering reasonably high attenuations. The secondary cardiac symptoms point to this remedy. He is spare and has skin like parchment. Arsenicum will I believe improve the conditions and special symptoms which indicate it.

The effusion is large and from the method of its production we may judge more or less purulent.

We must reinforce the internal remedy with operative procedure. This patient's chest will be aspirated. I speak confidently because there is now so large an accumulation of air in the pleura that we need not fear its further entrance if the withdrawal should open a perforation now healed as the absence of metallic tinkling and the *bruit de pot fêlé* (cracked pot resonance,) already noted would indicate. Aspiration will remove a considerable portion of the effusion and afford a more favorable opportunity for the absorption of the balance.

The patient is now failing. His strength has diminished materially in the past few days. He has had to stop work though it was light. We may by prompt measures help him to earn a living for some time longer. The same objections do not obtain against aspiration which may be urged against the more radical opera-

tion by incision. The patient was aspirated and a quart of sero-purulent fluid escaped with considerable gas. The puncture was made between the eighth and ninth rib, posteriorly.

There was immediate relief manifest after the removal of even a few ounces of fluid. The patient suffered less from dyspnœa and felt stronger and better.

HOMŒOPATHY ILLUSTRATED

SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrators and forward them to the editor.

24.

INCIPIENT PHTHISIS PULMONALIS —XANTHOXYLUM.

Clarence M. Conant, Middletown, N. Y.

By request of Prof. E. M. Hale, I report the following case:

M. K., an Irish domestic, aged seventeen, tall and slender, reddish-brown hair and blue-gray eyes. Menstruation has always been irregular and scanty. Has a tight dry cough, which hurts chest and shoulders. Bowels almost constantly loose. Profuse night-sweats. Is getting very much wasted and weakened. Asks for medicine for a violent headache which occurs frequently—affects the whole head and is sometimes accompanied by vomiting. The feet and ankles are œdematous. Auscultation reveals bubbly mucous rales, especially distinct in apex of left lung. Whole appearance of patient was bloodless and miserable. Phthisis has carried off several of her family and

she thinks she is "going into a decline."

She received Xanthoxylum 30, in water, every hour, and the head being speedily relieved the medicine was ordered to be repeated every night, a powder *dry*. In a few weeks the patient regained flesh and color; the dropsy, cough, night-sweats, and diarrhœa disappeared, and the catamenia became regular and free. The patient is now in good health and spirits, three years having elapsed since taking the Xanthoxylum.

25.

VOMITING OF PREGNANCY.—HYOSCYAMUS.

J. B. Wescott, Goodland, Ind.

Mrs. G., twenty-eight years of age, dark complexion, rather full habit and within two weeks of confinement, was taken with violent vomiting January 14th. As she lives some distance from my office, I was told her condi-

tion and requested to send a remedy. I sent Ipecac. and Veratrum alb., but they did not help the case. I was then requested to call and see the her on the 17th. She had been vomiting incessantly three days, and fears were entertained of miscarriage. On my arrival at the bedside I found extremities cold, pulse low, tongue clean and terrible thirst, also very anxious state of mind.

I exhibited Hyoscyamus, and directed her to chew, from time to time, pieces of ice. In a short time she called for something to eat. I directed the nurse to prepare some thin oatmeal gruel, which she ate and retained. There being considerable nervous excitement I kept her on the above remedy, alternating it with China every hour, both in solution, teaspoonful doses. I gave the 3d attenuation. On the 19th she was delivered of a fine boy, and both are now doing well.

26.

SCROFULOSIS.

W. F. Shepard, Bangor, Me.

Charles M., aged seventeen. Strumous diathesis. Had suffered from early childhood from boils, enlarged cervical glands, which often suppurated, chronic ophthalmia, etc. Acting upon the suggestions to be found in "Jahr's Forty Years' Practice," under the head of "scrofulosis," he was given, at long intervals, in rotation, Sulphur, Calcarea, Lycopodium, Silicea and Phosphorus, all in the 200th, four doses of each, with

plenty of Saccharum lactis between. Result—cured.

27.

INTOLERABLE PAINS IN THE TIBIÆ.—DULCAMARA.

W. F. Shepard, Bangor, Me.

Owen M., aged fifty. For three years suffered with intolerable pains in the tibiæ. During the day was comparatively free from pain, but "was obliged to walk the floor half the night." The pains were aggravated by rest and wet weather, and ameliorated by the opposite conditions. Well in every other respect. Suspecting a syphilitic taint, I questioned him closely, but he denied strenuously ever having been infected.

Rhus tox. in varying potencies, Mercurius vivus and Mercurius sol., Rhododendron 30 and 200, Ruta grav. 200, Thuja 200, and several other remedies failed to relieve, and I was on the point of giving him up as a "bad job," when the last prescription of Dulcamara 200, six doses did the business. He is not cured yet, but reports himself very much better.

28.

CYSTIC TUMOR.—SULPHUR.

W. F. Shepard, Bangor, Me.

A few weeks since, T. C., an Irish lad, nineteen years of age, was sent to the House by one of our leading old school surgeons, suffering from what the latter thought a cystic tumor just within the abdominal walls, with pyogenic membrane, caused by heavy lifting. A drainage tube had been inserted through which for many

weeks large quantities of serum and sanious pus had discharged and was still discharging. The patient presented a cachetic appearance. No appetite; considerable emaciation; diarrhoea—the stools brown and watery, frothy, at times undigested, painless, and more frequent in the morning and early in the forenoon; pulse 120, and weak; wakeful at night, and what sleep he did get was disturbed by troublesome dreams. The surgeon who had treated him, told me he thought it would be a year at least, before the cyst, or whatever it was, would cease discharging.

He received November 15th, Sulphur 200, seven doses, a powder to be taken each night. Improvement commenced almost immediately. In a week the drainage tube was removed, all discharge having ceased, and at the present writing there are no signs of its returning. His appetite is good, the bowels are regular, the sleep refreshing, and his pulse has dropped to 80. I do not know how a fighting-cock feels, but yesterday, (December 10th,) he smilingly informed me that he felt like one, so it is fair to presume on his speedy and complete recovery.

29.

DELIRIUM.—HYOSCYAMUS.

W. F. Shepard, Bangor, Me.

Early in September, Delia S., an Irish girl, aged about twenty, who had been under old school treatment eleven days for typhoid fever, was removed to the House. From the beginning of the disease brain symp-

toms had predominated, and so furious was her delirium, she had kept two nurses busy night and day. Soon after her arrival she began her favorite amusement of waltzing around the room, and it was evident she proposed to make it lively for her attendants, if she were not allowed to have things her own way. When seen at 3 P. M., she presented the following symptoms, great restlessness and loquacity; trembling of the limbs; eyes bright, and rolling continuously; partial deafness; tongue dry and coated brown; petechiæ on abdomen; bowels constipated; involuntary micturition; pulse 130, quite strong; axillary temperature 103. No subjective symptoms could be obtained.

Hyoscyamus 3d decimal dilution, six drops in half a glass of water, teaspoonful every hour, rapidly changed the aspect of affairs, so that at 9 P. M. she lay quietly in bed, and was rational enough to recognize her nurses. She had a very fair night's sleep, the first since her illness except from an opiate, and made a rapid convalescence under Rhus tox., Lycopodium, Phosphoric acid and China, as they were severally indicated.

REMARKS.

These cases [26-29] are a few which have come under my care at the City Alms House, of which I have medical charge for the present municipal year. There are about ninety inmates at present, and as many of them are old and suffering from the effects of former dissipation and ill-nourishment,

and as the younger ones are too often the victims of hereditary disease, it does not offer the best field in the world for therapeutic triumphs, still

the cautious exhibition of the antipsorics, by themselves, or as intercurrent remedies, here, as everywhere else, will oftentimes work wonders.

WILL NERVOUS EXCITEMENT ACCOUNT FOR THE INCREASE OF UREA?

Allow me the following reply to the above query by Clark DeMuth, on page 91, February number, of your estimable journal.

Our knowledge of the action that nervous diseases and disorders have upon the urine is exceedingly meagre, very few observations or experiments having been made.

Peyrani found that irritation of the sympathetic in the neck always greatly increased the amount of urea and urine.

In epilepsy, Parks, Gibson and Echevewi state that an increased secretion is constant both of urea and urine.

In chorea, Bruce Jones has arrived at the same conclusion.

In hysteria, Charcot and Ziemssen the same.

In a large number of cases under observation from 1860 to 1865, by

Joseph Jones, a surgeon in the army, an increase of urea always resulted. The largest portion passed being at the height of the disease.

I have as yet failed to discover a case under experimentation in which the quantity was decreased. From this and the above I think he may safely infer that the increase was due to nervous irritation.

Will he allow me the following correction? Coffea does not, as stated, decrease the amount of urea. Both Hurley and Hammond, in repeated experiments, demonstrated that *without milk and sugar* an excess resulted (17.2 to 25.8 grammes in twenty-four hours), while the urine collected during the employment of milk and sugar showed a decided decrease. Hence the discrepancy existing in the results of various physiologists.

Don Griego.

MEDICAL MEMORANDA.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The Homœopathic Medical Society of the State of New York convened in the Common

Council Chamber, at Albany, February 12th, and was called to order by the president, Dr. Egbert Guernsey, of New York city. There were about seventy-five members present.

The president then proceeded to read his annual communication. The past year had been full of progress in every department of science, and the homœopathic branch of the profession had kept pace with the advancing spirit of the age. While no step had been taken backward, and there had been no occasion to give up any of the great principles peculiar to their belief, there was manifest a broader liberality and a better appreciation of their doctrines by the public. To-day nearly every essential principle, to maintain which and for self-protection they had banded themselves together, were administered and practiced with the most brilliant results by the school which called itself regular but which had been their life-long opponent. The leading works of the regular school in therapeutics read almost as if their inspiration had been drawn from the volumes which had so long furnished the society with medical food. In other respects the homœopathic line of treatment had been adopted by the regulars. The principle of similars, once so fiercely ridiculed, was now admitted in fact but often clothed in new garments and called by another name. Homœopathists were not sectarian nor exclusive, and while they refused to give up one principle, for which they had contended with the earnestness of strong conviction, until they were shown its falsity, they should not be allowed to stand as a bar between homœopathists and their fellow-workers. The walls of partition were crumbling away, and the mind was reading more clearly. The profession must be progressive, for its field of investigation naturally included the basis of all science, the origin of life, hereditary transmission, and the highest form of theology. Referring to the responsibility resting upon the profession as guardians of the public health, as conservators of public morals and regenerators of society, the speaker described what was their work and how their mission could best be accomplished. The establishment of a State Board of Health, under a competent head, would be the first great step in the right direction. First and foremost in this organization there

should be a bureau, to include within its scope of investigation facts in reference to hereditary transmission of mental and physical peculiarities; second, a bureau which should direct a careful line of meteorological investigation and observation; and a third and most important bureau which should be devoted to sanitary measures, including drainage and the various sources of miasmatic poison. These bureaux, their work to a certain extent separate, yet so linked and intertwined together, would naturally have as workers every intelligent physician and every earnest scientist in the state. The success of the whole plan would depend upon the intelligence of this great body of workers—the men who with scientific eye and careful discrimination are to gather the facts and transmit them to the central power, where they would be classified and properly arranged. The speaker at length argued that the signs of the times indicated that the time had come when earnest, honest, scientific, practical minds, breaking the fetters of creed, and refusing adherence to an exclusive dogma, should combine and select those principles which the experience and physiology of the present time had proved to be correct and most worthy of consideration. To look forward to a future when a broad-minded liberality shall prevail, the training of the young men, who at no distant day are to fill the places of present physicians and mold the character of the profession, must be well looked to and a close watch kept of our educational institutions. The young men would have men's work to do, and they should be trained to do it honestly and manfully. To secure this the profession should have a voice and influence in the education of their pupils after leaving their own offices.

The president then announced the following committees: Auditing, Drs. Wright and Hasbrouck. Credentials, Drs. Demarest and Williamson. Invitations, Drs. L. M. Pratt and E. D. Jones. President's address, Drs. Watson, C. Summer and Blumenthal.

Dr. Coburn, of Troy, treasurer, reported that the total receipts for the year, of which

\$310 was for the sale of books, amounted to \$1,027.73. The disbursements were \$918, leaving a balance of \$64.12. There was also a liability of \$100, and the arrearages of members amounted to \$630.50.

The committee on invitation introduced Dr. Gulick, of New Jersey, formerly president of the American Institute, and Dr. Cashman, of Massachusetts.

The society then proceeded to nominate candidates for officers and permanent members. Drs. Wm. Gulick, of Watkins, and Wright, of Buffalo, were named for president.

The following nominated at the last annual meeting were balloted for and elected permanent members: Drs. C. E. Blumenthal, C. W. Liebold, J. B. Elliot, E. A. Cox, C. E. Jones, C. E. Low and N. B. Covert.

Dr. Thos. Skinner, of Liverpool, England, was elected to honorary membership.

Drs. Egbert Guernsey, of New York, C. E. Summer, of Rochester, E. S. Fowler, of New York, and Dr. Ormes, of Chautauqua, were balloted for and nominated to the regents degree.

The following preamble and resolution was presented, and after considerable discussion, was adopted:

WHEREAS, There are some physicians who by injudicious action have bred dissension in our ranks, in which the utmost liberty of opinion and action should always prevail; and

WHEREAS, We deprecate such action as neither conducive to professional harmony, nor tending to the advancement of medical science; therefore,

Resolved, That in common with other existing association which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare that although firmly believing the principle "*similia similibus curantur*" to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolate right of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care.

AFTERNOON SESSION.

The society reconvened at half-past two o'clock. The report of the bureau of materia medica was presented by Dr. H. V. Miller, of Syracuse, chairman; also the report of the

bureau of clinical medicine, by Dr. W. C. Doane, of Syracuse, chairman. Papers were read as follows: An Examination of the Doctrine of the Minimum Dose and the Theory of Dynamization Promulgated by Dr. Hahnemann, by Dr. H. M. Paine; Are We Liberal or Intolerant? by Dr. T. L. Brown; A Medical Farce, by H. V. Miller; Lillium tig., by Dr. A. J. Brewster; Crotalus horri., by Dr. R. B. Sullivan; Apis m., by Dr. E. Devel; Eupatorium perf., by Dr. A. B. Kinne; Cantharis, by Dr. J. Nottingham; Helonias dioica, by Dr. J. T. Greenleaf.

The committee on the president's address reported in favor of the recommendation of the president, that a committee be appointed to memorialize the legislature at its present session in reference to the creation of a state board of health, which shall contain an equal number of members of the homœopathic and allopathic schools. The committee also suggested the appointment of a committee upon medical colleges and recommend that the address be referred to the publishing committee to be published in the transactions of the society. Dr. Watson offered the following resolution:

WHEREAS, The members of this society have learned with regret that Dr. J. A. Carmichael, the distinguished professor of anatomy in the Homœopathic Medical College, of New York, has ceased to be connected with the said institution,

Resolved, That this society would respectfully suggest to the trustees of the New York Homœopathic Medical College that the reappointment of Dr. Carmichael to the position which he so ably filled would meet the cordial approval of this society.

After some discussion the resolution was adopted.

Dr. J. J. Mitchell, of Newburgh, was elected chairman of the bureau of materia medica, and Dr. E. P. Fowler, of New York, chairman of the bureau of clinical medicine.

EVENING SESSION.

The society reconvened shortly after seven o'clock last evening. The report of the bureau of surgery was read by Dr. M. O. Terry, chairman; the report of the bureau of mental and nervous diseases, by Dr. Henry R. Stiles, of New York, chairman, and the report of the bureau of vaccination by Dr. T. L. Brown, of Binghamton, chairman. Dr. Madden, of Sing

Sing, then presented a few figures in relation to Sing Sing prison, among which were the following: Average number in the prison from August, 1876, to January, 1877, 1,376—this year, 1,610; average number in the hospital during the six months, 17—this year, 10; number of deaths in 1876-7, 9—this year, 2; number of prescriptions daily 100. The number of tickets or excuses from labor could not be estimated. The number of men employed in the prison is 96½ per cent of the number in confinement. Considering the ventilation of the prison, and the confinement the prisoners undergo, this showing is exceedingly favorable. Dr. A. W. Holden, chief of staff, reported in reference to the homœopathic hospital on Ward's Island, New York, that the total number of cases treated was 4,633; total number of deaths, 229; rate per cent of death, 4.61. Dr. Talcott, chief of staff of the asylum for the insane at Middletown, reported that the patients continue to increase; that the percentage of deaths is 6 1-10 per cent, while the average in other similar institutions in the state is eight per cent; average percentage of recoveries, 39; in other similar institutions 46. Dr. W. M. L. Fiske, of Brooklyn, was elected chairman of the bureau of surgery. Dr. S. H. Talcott, of Middletown, chairman of the bureau of mental and nervous diseases, and Dr. Samuel Swan, of New York, chairman of the bureau of vaccination. A number of volunteer papers were read, after which the society adjourned to the Albany City Homœopathic Hospital, No. 123 North Pearl street, where a social reunion was had, and the contents of the well-laden tables discussed at leisure by the doctors who, though homœopathic in belief, showed themselves to possess allopathic appetites. Wallace served the refreshments.

MORNING SESSION.—SECOND DAY.

The first business in order was the election of officers, the balloting resulting in the choice of the following: Dr. W. Gulick, of Watkins, president. Dr. A. R. Wright, of Buffalo, Dr. W. M. L. Fisk, Dr. A. H. Throop, of New York, vice-presidents. Dr. Alfred K. Hills,

of New York, recording secretary. Dr. H. L. Waldo, of West Troy, corresponding secretary. Dr. E. S. Coburn, of Troy, treasurer. Drs. Brown, Clark, Little, Talcott, Demarest, Hasbrouck, Hawley, Hallett, Doane, Kenyon, Summer and Osborn, censors.

Dr. Mitchell offered the following, which was adopted:

Resolved, That the committee on medical institutions be empowered to use their utmost influence with the governor, to have only such men appointed as trustees in the State Homœopathic Asylum for the Insane at Middletown, as are endorsed by the profession of this state through this society.

Dr. Summer offered a preamble and resolutions, which were adopted, to the effect that this society cannot support any medical educational institution which does not include pathological anatomy in its curriculum of study.

Dr. Fowler offered a preamble and resolution calling upon the regents of the university to revoke the charters of such medical colleges of the state as shall refuse to confer the degree of Doctor of Medicine upon students, for the reason that their preceptors are practitioners of homœopathy. Adopted.

Dr. E. P. Fowler, after the report from the bureau of climatology was read, moved that the bureau be instructed to elect associate members of observation, whose duty shall be to report from various points, embracing the state of New York, tabulated records of general meteorological and pathological facts; such, for example, as the temperature, direction and force of winds, any unusual condition; also a report upon prevailing diseases, etc. Carried.

Dr. C. T. Liebold, of the bureau of ophthalmology, presented a paper on The Application of Dry Cold in Inflammatory Diseases of the Conjunctiva and Intraumatic Inflammation of the Eye; also, by title, a paper on Headache caused by Anomalies of Refraction and Accommodation, by Dr. C. H. Vilas, Chicago.

Dr. D. B. Hunt, of New York, presented a paper entitled, A Penetrating Movement with Fracture of the Orbit, which was read by Dr. B. F. Joslin.

Dr. C. E. Jones, of Albany, read an exhaustive paper on Croup and Diphtheria,

differentially considered. The paper was discussed at some length. Adjourned.

MAY MEETINGS.

The Homœopathic Medical Society of the State of Ohio hold their meeting this year with the Western Academy.

The next meeting of the Western Academy of Homœopathy, takes place at Cincinnati, in May. Never in the history of the Academy has so much interest been displayed, and the promise of a large attendance is excellent. Members and others should forward at once the titles of their papers, if not already in the hands of the chairman of the appropriate bureau. Address the General Secretary, C. H. Vilas, M.D., 56 East Washington street, Chicago.

The Twelfth annual session of the Indiana Institute of Homœopathy will commence in Indianapolis, May 21, 1878, at 10 A. M., and continue two days. The growing interests of homœopathy in the United States and especially in Indiana demand the presence of every member at this meeting. From the lessons of the past, and the indicated dangers of the future, we are imperatively admonished to be up and doing. We must have thorough organization and a unanimous concert of action. Every homœopathic physician must do his duty. The sessions heretofore have been very profitable to the profession, as many can testify who were in attendance or have since read in our journals the valuable papers and discussions of the Institute. Not later than April 15, 1878, the title of each paper to be read should be sent to the secretary, that a complete schedule of the same may be published. The last session was a great credit to the Institute, and it is the earnest determination of those who were present to make the next session even better than the last by active co-operation. The bureaux are well-manned and an interesting and profitable time is expected. The profession are cordially invited to enhance the value of the meeting by contributing a thesis on any medical subject, or by reporting cases from practice. Please inform

the secretary, Moses T. Runnels, M.D., Indianapolis, Ind., of your intention to be present.

COLLEGE COMMENCEMENTS

CHICAGO COLLEGE.

The commencement exercises of the Chicago homœopathic college will be held on Wednesday evening, April 3d. This will close the six months lecture session which has been adopted by this college to give opportunity for more extensive and thorough instruction in all branches of the curriculum. This effort to meet an absolute and well recognized want must commend itself to every member of the profession who has given the subject of medical education any thought. Improvement is the order of the day, and by the observance of this order our colleges must take their rank. A longer term should, however, be but the beginning. The advantages to be gained by a graded course of instruction stand out so clearly that the wonder is that the old methods have been retained so long. A three years graded course of lectures which the student should be required to take is a necessity and ought now to be forthcoming. But granting for the time that there are insurmountable obstacles in the way of establishing such at once, we know of no good reason why the present two years course of lectures, which is demanded by most of our colleges, may not be so arranged that the student shall take part of his studies each year. Such an arrangement suggests itself as a fit accompaniment of a longer term. The general feeling of the profession, as we know of it through individual expressions, is very strongly in favor of the "higher standard." The endeavor to offer better instruction by an improved method, should receive the endorsement and support of preceptors and practitioners, that the colleges making such may be assured of a sufficient income to carry on the work, and attract to their classes the higher order of intellect.

HAHNEMANN COLLEGE.

The Eighteenth annual term of instruction in the Hahnemann medical college and

hospital, which closed with the exercises of February 21, has been a very remarkable one. In the number and quality of the lectures given; the concerted plan of teaching; its practical, thorough and consecutive character; in the mutual sympathy and respect between the professors and the pupils; in the work done, as well as in the way and manner of doing it, this course has been without a parallel.

The class was more than one-third larger than ever before. It had more members from different and distant parts of the country; and, what is still more encouraging, contained a much larger proportion of advanced students, who came hither to complete their college course, than ever before in the history of the institution. Every homœopathic college in America was honored by a representation in the graduating class. Nineteen states and three foreign countries contributed to the list of matriculants, which numbered one hundred and seventy-four *bona fide* pupils.

The clinical course, for which this college is justly distinguished, has afforded a clinical lecture for every day without exception since the opening of the term on Oct. 2, 1877. In addition to these daily clinics, all of which have been amply illustrated, fifty obstetrical and gynæcological clinics have been furnished to the candidates for graduation. This thorough drill has given a practical cast to the attainments of the pupils, and the Faculty is confident it that it will greatly add to their usefulness as practitioners.

It has been decided to give a Spring term of instruction as heretofore. This is a non-graduating course, but is a very useful auxiliary to the Winter session, to which it adds about two months of didactic and clinical lectures and examinations. The Spring class for 1877 numbered as many students as formerly attended the Winter term; and the prospects for the spring of 1878 are very flattering indeed.

Of the candidates for graduation at the close of this college year, ninety-nine were examined in the branches included in the curriculum,

and found worthy. The valedictory address was delivered by Prof. C. H. Vilas, and was responded to on behalf of the class by Dr. E. S. Bailey, of New Jersey. After the presentation of prizes the Alumni and friends went to the Grand Pacific hotel where a magnificent banquet was served to two hundred and sixty persons. The music of the evening was kindly furnished by the Chicago Quartette Club and the students' choir. About 2 A. M. the faculty bid adieu to the new doctors and all sought their homes well pleased with the evening's entertainment.

ITEMS OF INTEREST.

Dr. E. E. Hutchingson of Sturgeon Bay, Wis., was married on the 16th inst.

Any one having a copy of Caspari's Domestic Physician to sell can find a purchaser by addressing Mrs. C. L. Banister, Waterloo, Neb.

Dr. Wm. J. Baner, of New York, we understand, has in preparation and nearly ready for the press, a work to be entitled, "Demonstrated Materia Medica." He hopes to have it completed during the summer.

Dr. H. V. Miller, of Syracuse, N. Y., writes, "In the February number I notice a slight mistake, probably occurring in my copy, in the Rhus case (20) of intermittent fever. The chills came on every *other* afternoon instead of every afternoon."

Miss Clara Louise Kellogg, who is a staunch homœopathic believer, on the occasion of her recent benefit sent complimentary tickets to all the students of the Chicago homœopathic college. The class presented her with a magnificent floral tribute at the conclusion of the scene from Faust.

The following extract from a letter may be of interest to some of our readers: "I have been in practice for eighteen years as a homœopathist, but have given it up that I might give my time to preaching. I take the HOMŒOPATHIST for the purpose of giving information to friends and in the hope that we may have a good homœopathist in this place. A good

physician of this school I think might soon do well. This is a rapidly-growing place, and already there are many families who would welcome a doctor of this school. There are two old school doctors here at present. A. Abbott, Fairfield, Neb.

The position of resident physician of Hahnemann hospital, (N. Y.,) is vacant. The place is open to all homœopathic physicians in a competitive examination. Inquiries of any kind should be addressed as soon as possible to Dr. Schley, Secretary of Medical Staff, No. 1 East Forty-second street, New York City.

The report of a case in the February issue entitled "A Case of Vicareous Menstruation," was contributed by A. C. Rickey, M.D., of Dayton, O., and not by J. R. Haynes, M.D., of Indianapolis, Ind., as stated in the caption. The latter gentleman still resides at Indianapolis, notwithstanding he has been located at Pittsburgh, Pa., in the caption to his article on the "Opium Habit" in the present number. In explanation we would say that the articles contained no clue as to who the writers were, the letters accompanying were mislaid, and our memory, in this instance, proved a glaring failure. Contributors, please write your name and place of residence on your articles.

The Supreme Court of Indiana has just rendered a very important decision, holding that physicians cannot be required to give testimony as medical experts in state cases without compensation for their professional service. The case was that of Drs. Dills and Buchman, of Fort Wayne, who recently refused to testify in a rape case as medical experts without payment, and were committed to jail for contempt. They were taken before Judge Lowry, of the Superior Court, on a writ of habeas corpus, and by him remanded to jail. The question was regarded with great interest by the physicians of Indiana and other states, who had raised a fund to assist Drs. Dills and Buchman in carrying the case to the Supreme Court. Judges Warder, Howk, and Perkins concur in the opinion, and Judges Biddle and Niblock dissent.

A very pleasant reception was given on the evening of February 12th at the Atherton house, Chicago, by Dr. and Mrs. G. A. Hall to Dr. Asa S. Couch, of Fredonia, N. Y. During the past winter Dr. Couch has been delivering a course of lectures at the Hahnemann medical college, and his connection with that institution has so won for him the respect and friendship of his associates in the faculty and those with whom his lot was cast that it was decided that ere his departure for home some slight testimonial should be given him, and to Dr. and Mrs. Hall fell the pleasant duty of offering that testimonial in the form of a reception. The parlors of the hotel were filled with the leading practitioners of the homœopathic school in this city, accompanied by their wives. Music filled the air and enlivened the conversation, and a plentiful collation satisfied the most unbounded appetite. Social converse occupied the greater part of the evening, which was one most pleasant and profitable, and a memorable one to the recipient of the honor.

The regular monthly meeting of the Homœopathic Medical Society of the County of New York, was held at the Ophthalmic hospital, President Throop in the chair. The minutes of the preceding meeting were read and approved. The report of the secretary showed the society in a flourishing condition, numbering nearly one hundred and seventy-five members. There have been held during the year ten regular and two special meetings. The number of papers presented during the year was twenty-two, together with numerous pathological specimens and clinical cases. The largest number present at any one meeting was 72 and the smallest 27, against the largest in 1876 being 56, 50 in 1875, 38 in 1874, 34 in 1873, 13 in 1872, 19 in 1871, 17 in 1870. The smallest number of papers presented at any one meeting was one and the largest five. The number of bureaux responding with a report was seventeen, and the number that did not forty-one. The treasurer's report was read by the secretary, which showed the treasury in a flourishing condition.

Balance on hand \$333.19. The order of business of the evening being the election of officers, the following was announced as the result of the ballot, Drs. W. H. White, Finch, Demarest, and Currier, acting as tellers: President, Alfred K. Hills, M.D.; vice-president, Chas. E. Blumenthal, M.D.; treasurer, E. Carlton, Jr., M.D.; secretary, Arthur T. Hills, M.D.; censors, J. Ralsey White, M.D., Samuel Swan, M.D., Joseph Finch, M.D., W. M. Pratt, M.D.; librarian, Alfred Wanstall, M.D.

HAHNEMANN CONVALESCENT HOME.

Yesterday the foundation-stone of the Hahnemann Convalescent Home, at Bournemouth, was laid by the Lord Chancellor. Notwithstanding the unfavorable weather there was a large assemblage. The Lord Chancellor spoke of the erection of hospitals and sanatoriums as one of the greatest triumphs of Christianity, and complimented them on dedicating the present building to the name of Hahnemann. He (the speaker) well knew the almost persecution there was against Hahnemann during his lifetime, but he survived it, and in the direct benefit of his system had contributed and in the indirect benefit it had conferred in stimulating the growth of other systems, Hahnemann would be looked upon as one of the greatest benefactors we have ever had.—*London Times of Jan. 5th.*

HOMŒOPATHY THE SCIENCE OF THERAPEUTICS.

The late Dr. Carroll Dunham was one of the most philosophical of homœopathic physicians, as well as one of the most enlightened and estimable of men. His love of scientific therapeutics was a passion. His methods of treatment were the fruit of profound study and earnest conviction. In his mind every case presented the illustration of a principle, although he never neglected the suggestions of common sense and medical experience. His observation was as keen as his knowledge was extensive. A believer in a

fixed theory, his mind was always open to the reception of new light. No bigoted attachment to habit and routine prevented him from watching the course of improvement with eager interest. His researches were profound, his attention ever on the alert, his judgment cautious, though rapid and decided, and his success in the healing art attested the soundness of his principles. Dr. Dunham was a student of nature, a lover of all good knowledge, a worshipper of truth in every department of thought. The present volume consists of a collection of his medical papers, contributions to periodicals, public discourses, studies of remedies, and clinical cases. They are marked with the peculiar characteristics of his mind, eminently reflective in their tone, fertile in original suggestions, and presenting an active stimulus to medical observation and study.—*New York Tribune.*

A LETTER FROM MADAM SAMUEL HAHNEMANN.

The following letter, which we copy from the *Cincinnati Medical Advance*, readily explains itself. We hope sufficient encouragement will be offered to enable Madame Hahnemann to complete her great work. What say the profession? How much will you subscribe?

PARIS, Nov. 9, 1877.

Monsieur le Docteur WILSON:

I regret that I did not receive your letter sooner. It came while I was away from Paris, which is but seldom. You ask me about the sixth edition of the *Organon*. I wish to say that I have in possession important unpublished papers written by my beloved husband, and confined to my care before his death. There is in them much that is new and of great value to the medical world, and no one but myself can arrange them in proper shape, for they were given me with full explanations by the great founder of homœopathy himself. What a grand volume these would make! What a large number of copies could be sold to the physicians of America, for in your country the doctrines of homœopathy

have taken strong and wide hold. Even the allopathic school would seek it. I have all of Hahnemann's correspondence, filed by his own hand and marked by notes. You see, my dear Doctor, it will be a great work to get this mass of material out in the order Hahnemann desired. I alone can do it. Drs. Lippe and Hering, of Philadelphia, are informed of my desire. They know I lost all of my property in the Franco-Prussian war, and that I now have to make my living by the practice of medicine. Such being the fact, I have no time to attend to this great work.

I do not wish to make any money out of the writings of Hahnemann. Those I have are my property, but I will freely give them to his followers and friends if I can have the opportunity. What I desire is assistance from the homeopathic physicians of America. *Do you think they would subscribe for the book and remit so much in advance as would enable me to live without practicing my profession until I can get out the work?* I have the energy and ability to do it, if only I can have the time. It would be a proud gift to lay in the hands of the profession, and no doctor but would be glad to see it in the hands of his patients. This matter was under advisement at the time the late Dr. Carroll Dunham was arranging for the World's Homœopathic Convention, and but for his lamented death, this project would now be already consummated. Dr. Dunham was greatly desirous to have these papers brought out. Now, my dear Doctor, you have sufficient authority to undertake this matter of procuring subscribers. I know you cannot fail. America is a land of large undertakings. It is not like Europe where every one sticks to the old ways. Thanks to your liberty and the energy of your people who have so generously accepted the teachings of Hahnemann! I want the subscriptions taken in Hahnemann's name, and I am glad you appreciate the importance of the task.

I am, le Docteur, with sentiments of high regard and fraternal considerations,

Yours,

M. Hahnemann.

OBITUARY.

Died, in New York, on Tuesday, Jan. 22, 1878, Harriet E. K. Dunham, wife of the late Carroll Dunham, M.D. Thus, has gone to quiet rest, the great, noble heart, which found its fit associate in that of our tenderly loved and deeply respected colleague and friend. As their lives had been closely assimilated, so their last sickness and deaths were not unlike. Both died of Bright's disease, and in both the heart had been similarly affected. May their union, which had been so happy here, reach a higher state of perfection in the spirit world.
—*New England Medical Gazette.*

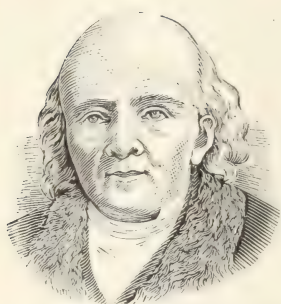
PROPER PRIZES.

At the commencement exercises of Hahnemann medical college, Messrs. Halsey Bros., time-known pharmacutists of Chicago, presented a handsome buggy-case to the graduate who stood second best in scholarship. We understand that a like offer has been made to the Chicago homœopathic college. Not yet accepted.

SURE SCALES.

As many physicians prepare their own triturations, we will give the result of observation concerning physicians' scales. When looking through the grand establishment of Fairbanks, Morse & Co., of 111 & 113 Lake street, Chicago, we noticed amongst the numerous scales of old and new device, two kinds both of which were particularly adapted to our use. The first, a handsomely-finished scale with three and three-fourths inch movable nickle-plated pans, has a side-beam in front with sliding poise; beam divided into grains up to two drachms. Platform or shelf is attached to base of scale in which are fitted separately a set of solid brass weights. The second is a single-beam balance with sliding weight, on principle of the old-fashioned well-sweep, with pans two and one-half inches in diameter. Neither of these are very expensive, the latter the least so. The old balance scales are a nuisance compared with these.

PUBLISHERS' PARAGRAPHS.



MARCH, 1878.

The AMERICAN HOMŒOPATHIST is issued on the first of every month; each number contains forty-eight pages of fresh, scientific, and above all *practical* reading matter; it is a live, progressive and thoroughly loyal homœopathic journal; it eschews all disputations, and aims to furnish only practical literature such as would be of value to the earnest student and to the physician at the bedside of the sick. Its value as an advertising medium is best attested by the large and increasing patronage we have derived from those who can bear testimony on this point from practical experience. From time to time we shall add new features, which we hope will be considered improvements. The subscription price will remain at two dollars a year, although prompt payment will be insisted upon. Six numbers constitute a volume. Volumes commence with the July and January numbers.

—

All articles for publication should be addressed to the editor, J. P. Mills, M.D., 125 Western avenue, Chicago. Subscriptions, advertisements, etc., to A. L. Chatterton & Co., 121 Dearborn street, Chicago, or, 23 Park Row, New York.

All postage is prepaid by us.

Subscription, two dollars a year.

Always state with what issue you desire your subscription to commence.

Subscribers who have not received *all* back numbers, will confer a favor by informing us immediately.

Postage stamps of the 2-cent or 3-cent denomination may be used when necessary to remit fractions of a dollar.

Subscribers wishing to bring the HOMŒOPATHIST to the notice of their friends, can have *specimen copies without charge* mailed directly from this office, by sending the address to us.

The receipt of subscription will be acknowledged by sending the HOMŒOPATHIST to the address of the person ordering it.

In addressing the publishers, please give your Post Office, County, and State, with name of street and number (if any), in full.

In remitting for single subscriptions it will usually be safe to send in a *well-sealed, plainly-directed* envelope; but in sending larger sum always procure a Post Office Money Order or send in Registered Letter.

Persons ordering a change in the direction of this journal must give both the *old* and the *new* address in full. No change can be made after the 25th of any month in the address of the journal for the following month.

Subscribers will oblige us by renewing their subscriptions a short time before they expire. This saves us the labor of erasing the names and re-entering them upon our books, and also insures the prompt receipt of the journal by the subscriber.

Blue-cloth binding cases, with full title in gold, made expressly for this journal, will be forwarded to any address for twenty-five cents (in stamps). Any bookbinder will bind your back numbers, with this case, at a nominal price (in Chicago, twenty-five cents). These cases will be furnished with each volume at the price named, postage paid, and may be ordered when wanted.

SHARP & SMITH,

MANUFACTURERS AND DEALERS IN

Surgeons' Instruments

AND

PHYSICIANS' GOODS.

WESTERN AGENTS FOR

Geo. Tiemann & Co.'s Celebrated Surgical Instruments,

And Jerome Kidder's Batteries,

Manufacturers and Importers of

ALL KINDS OF SURGEONS' INSTRUMENTS AND APPLIANCES

FOR THE

*Mechanical Treatment of all DEFORMITIES, Debilities, and Deficiencies
of the Human Frame.*

ARTIFICIAL ARMS AND LEGS.

No. 100 RANDOLPH STREET,

Between Clark and Dearborn Sts.

CHICAGO.

INSTRUMENTS AND BATTERIES REPAIRED.

HAHNEMANN
HOMŒOPATHIC PHARMACY.

No. 35 Clark Street, Chicago.

H. N. SMALL.

Homœopathic Books AND Medicines

TINCTURES, TRITURATIONS,

Sugar of Milk, Pellets, Dilutions, Family Cases, Etc,

Subscription, Two Dollars a Year.

THE AMERICAN

*Live, Progressive.
Scientific.*

*Fresh, Bright, and
above all
PRACTICAL.*

HOMŒOPATHIST

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL, AND SANITARY SCIENCE.

J. P. MILLS, M.D., EDITOR,

OPINIONS.

The perfect typography, neat appearance and interesting contents of the AMERICAN HOMŒOPATHIST make it the most attractive journal in our literature.—J. Lester Keep, Brooklyn, N. Y.

Please send at once a binding case. * * It is too rich a gem to remained unset, and I would gladly bind it did it cost five times the amount. If the second volume is to be an improvement upon the first the acme will soon be reached. Out of the six journals I take surely this is the cheapest and above all the most practical, and hence of the most value to the busy practitioner.—Frank T. Burck, Frederick, Md.

It ranks high in the field of homœopathic literature and its interest is increasing with each number. Long may it live.—E. S. Coburn, Troy, N. Y.

I have been a subscriber from the first number to the present time, I regard it as *one of the best of our monthly journals* and would advise *every* physician to subscribe for it.—W. L. Breyfogle, Louisville, Ky.

I regard it as the best periodical of its size and cost published in this country. The first volume is a guarantee of its success. Every believer in the eternal law of cure will do well to examine it.—G. S. Stevens, Providence, R. I.

A. L. CHATTERTON & COMPANY,
PUBLISHERS,

23 Park Row, New York.

121 Dearborn Street, Chicago.

NOW IN PRESS.

Scratches by a Physician.

BY WILLIAM TOD HELMUTH, M.D.

Neatly Bound in Cloth. Sent postpaid for \$1.

A. L. CHATTERTON & CO., CHICAGO AND NEW YORK.

PHYSICIANS' STATIONERY.

MEEKER & CO.

154

**MADISON ST.,
CHICAGO.**



**STEEL
ENGRAVERS
AND
PRINTERS.**

We have executed a splendid **STEEL ENGRAVING** of Hahne-
mann, and are prepared to furnish Homœopathic physicians,
Note or Letter Heads, with this appropriate vignette im-
printed in the upper left hand margin, at prices to suit all.
Send two three-cent stamps for specimens.

J. J. GEIGER, BOOKBINDER,

And Manufacturer of

Medicine and Instrument Cases,

440 North Wells St.,

DIPLOMAS CAREFULLY FRAMED

TO PHYSICIANS.

The elegant **BATHS**, (Palmer House), do not in
any way interfere with the profession of medicine.

**Turkish, Russian, Medicated Vapor,
Electro-Thermal, and Swimming Baths**,
given in the best way, open the **Pores**, regulate the
Secretions, cure **Eruptions**, Malarious troubles,
and tone up the nerves and muscles generally.

They do not reduce, as many suppose, and the
most delicate invalid will always feel **stronger** after a
Turkish or Electric Bath, when properly given.

Entrance **36 Monroe St.**

A. B. MCCHESNEY, M.D.,

Proprietor.

New England Medical Gazette,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MEDICINE, SURGERY

And the Collateral Sciences.

Terms, \$3. per annum in advance.

OTIS CLAPP & SON,

PUBLISHERS.

New England Homœopathic Pharmacy

Importers, Manufacturers and Dealers in

HOMŒOPATHIC DRUGS, ETC.,

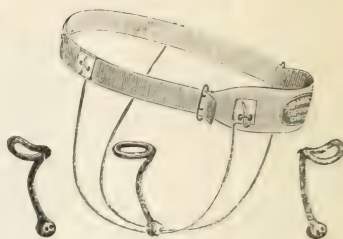
3 Beacon Street, Boston.

Shannon Uterine Supporters



SELF-ADJUSTING SUPPORTER.

For the Successful
Treatment
of all
Displacements
of the
WOMB.



ELASTIC SUPPORTER.

Endorsed and recommended and used by many of the Most Eminent Physicians in the country. Twenty sold and used to one of any other make. I guarantee them to be the best since the improvements have been made. Send for my 32-page pamphlet, "The Displacements of the Uterus; Their Causes, Nature, and an Account of a New Principle of Treatment," free, also, prices to physicians who use many.

KNOXVILLE, Tenn., Oct. 21, 1876.

J. C. CALDWELL, Esq.,

Dear Sir: In reply to your inquiry, I am free to say that Shannon's instrument is better adapted, when properly selected and applied, to the purposes for which it is designed, than any one of the many hundred Pessaries that I have had occasion to examine and use.

Respectfully,

FRANK A. RAMSEY, M.D.

CHICAGO, July 2, 1875

This is to certify, that I have made frequent use of the Pessary known as Shannon's Supporter, both in hospital and private practice, and I feel free to say that I regard it as the *very best* stem Pessary in use. By means of its perfect adaptation to the different forms of uterine displacements, and the non-interference with the natural mobility of the organ, secured by the reversible joint of the stem with the spring, it has the *widest possible* range of utility.

A. REEVES JACKSON.

Lecturer on Diseases of Women and Children.
Rush Medical College, Chicago.

I fully concur with the above.

A. E. SMALL.

President and Emeritus Professor of Theory and Practice of Medicine, Hahnemann Medical College, Chicago.

J. S. SHANNON, 27 Washington St., Chicago.



The attention of the medical profession is invited to this instrument as the most perfect ever invented for treating Prolapsus Uteri, or Falling of the Womb. It is an Abdominal and Uterine Supporter combined.

The Abdominal Supporter is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

The Uterine Supporter is a cup and stem made of very highly polished hard rubber, very light and durable, shaped to fit the mouth of the womb, with openings for the secretions to pass out, and which can be bent to any curve desired, by heating in very hot water.

The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic adapt themselves to all the varying positions of the body and perform the service of the ligaments of the womb.

The Instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer in all cases of Anteversion, Retroversion, or any flexion of the Womb, and is used by the leading Physicians with never failing success even in the most difficult cases. **Price—To Physicians, \$8.00; to Patients, \$12.00.**

Instruments sent by mail, at our risk, on receipt of price, with 16 cts. added for postage; or by Express C.O.D.

Dr. McINTOSH'S NATURAL UTERINE SUPPORTER COMPANY,
296 West Lake Street, Chicago, Ill.

Our valuable Pamphlet, "Some Practical Facts about Displacements of the Womb," will be sent you free on application.

CODMAN & SHURTLEFF'S

Atomizing

PRICES



Apparatus.

REDUCED.

The Complete Steam Atomizer. Patented March 24, 1888.

All its joints are hard-soldered.

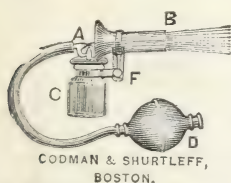
Every one is tested by hydrostatic pressure, to more than one hundred pounds to the square inch.

It cannot be injured by exhaustion of water, or any attainable pressure, and will last for many years.

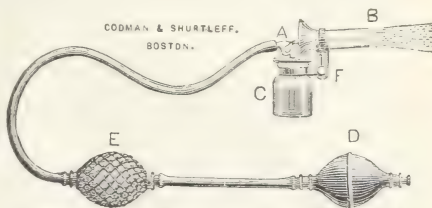
It does not throw spirits of hot water; is convenient, durable, portable, compact, and cheap, in the best sense of the word. Price \$5.00. Postage 57 cents.

Brass parts, nickel-plated, additional, \$2.00. Postage 57 cents.

Neatly made, strong, Black Walnut Box, with convenient Handle, additional, \$2.50. Postage 44 cents.



The Boston Atomizer. Patented.



Shurtleff's Atomizing Apparatus. Patented.

The most desirable Hand Apparatus. Rubber warranted of the very best quality. Valves imperishable, every one carefully fitted, and will work perfectly in all positions. Price \$3.50. Postage 24 cents.

The Bubs are adapted to all the Atomizing tubes made by us.

Each of the above Apparatus is supplied with two carefully-made annealed glass Atomizing Tubes, and accompanied with directions for use. Each Apparatus is carefully packed for transportation, and warranted perfect.

The Antiseptic Atomizer.....	\$15.00, \$25.00, \$45.00, and	\$50 00
Atomizer by Compressed Air, with regulating, self-acting Cut-off.....		45 00
Dr. Oliver's Atomizer. Postage 20 cents.....		4 00
Dr. Clarke's Atomizer. " 20 "		3 00
The Constant Atomizer. " 20 "		3 00
Dr. Knight's Atomizer, " 12 "		2 50
The Boston Atomizer. See cut. Postage 16 cents.....		2 50
Atomizing Tubes in great variety.....	25 cents to	15 00

For full description see New Pamphlet on Atomization of Liquids with Formulæ of many articles of the Materia Medica successfully employed in the practice of a well-known American practitioner, together with descriptions of the best forms of apparatus, which will be sent, post-paid, on application.

Plaster Bandages and Bandage Machines, Articles for Antiseptic Surgery, Aspirators, Clinical Thermometers, Crutches, Air Cushions, Wheel Chairs and Articles for Invalids, Mechanical Appliances for all deformities and deficiencies, Trusses, Elastic Hose, etc. Electrical Instruments for all Medical and Surgical uses, Hypodermic Syringes, Ice and Hot Water Bags, Manikins, Models, Skeletons, Skulls, etc., etc. Naturalists' Instruments, Sphygmographs, Splints and Fracture Apparatus, Stethoscopes, Syringes of all kinds, Teeth Forceps, Test Cases, Transfusion Instruments, French Rubber Urinals, Urinometers, Vaccine Virus, Veterinary Instruments, Waldenburg's Pneumatic Apparatus, etc., etc.

Surgical Instruments and Medical Appliances of every description promptly repaired.

Having our Factory, with steam power, ample machinery, and experienced workmen, connected with our store, we can promptly make to order, in the best manner, and from almost any material, new instruments and apparatus, and supply new inventions on favorable terms. Instruments bearing our name are fully warranted. With hardly an exception they are the product of our own factory, and made under our personal supervision, by skilled workmen, who, being paid for their time, are not likely to slight their work through haste.

New Illustrated Catalogue postpaid on application.

CODMAN & SHURTLEFF,

Makers and Importers of Superior Surgical Instruments, etc.

13 & 15 Tremont St., Boston, Mass.



TO THE
HOMŒOPATHIC MEDICAL PROFESSION.

SIR: We invite your attention to Ridge's Food as an article of diet for Infants, Growing Children, and Invalids, which is supported by the flattering testimony below. Hoping the same will meet with your approval and kind recommendation, we beg to remain,

Respectfully,

WOOLRICH & CO.

From the United States Medical Investigator.

We have often had occasion to refer to the merits of Ridge's Food. Its place is with the thin, scrawny, vomiting, diarrhetic children, particularly. It will agree better than any other farinaceous food we know of. We should not like to be without it. For the invalid it stands without a rival, as far as we know. It is endorsed by some of the most eminent medical men and should be well known to all of our readers.

DUBUQUE, Iowa, Dec. 9, 1875.

Messrs. WOOLRICH & Co., Palmer, Mass.

Gentlemen: Referring to yours of the 6th, I have great pleasure in saying that I have handled Ridge's Food in my pharmacy and practice, having prescribed it as an article of diet for several years; this experience has enabled me to arrive at certain conclusions with regard to the article which are very complimentary to it. *It is an admirable preparation*, and is in every respect worthy the large sale it is having; *its promise and fulfilment go hand in hand.*

Yours very truly,

EDWARD A. GUILBERT.

CHICAGO HOMŒOPATHIC PHARMACY, 77 State st.

OFFICE OF HALSEY BROS., Chicago, Jan. 29, 1874.
Messrs. WOOLRICH & Co.,

Gentlemen: Replying to your enquiry as to what our experience has been in selling DR. RIDGE'S PREPARED FOOD for Infants and Invalids we do not hesitate to say that we regard it very highly and believe it to be as satisfactory in its use as any food made. IN FACT, HAVE NEVER HEARD EITHER PHYSICIAN OR CUSTOMERS SPEAK OF IT BUT IN THE HIGHEST TERMS. Our sales are large and increasing.

Respectfully yours,

HALSEY BROS.

MINNEAPOLIS, MINN., Feb. 19, 1876.

Messrs. WOOLRICH & Co., Palmer, Mass.

Gentlemen: Allow me to bear testimony to the almost universal satisfaction "RIDGE'S FOOD" has given my patrons. There has been no one article of food I keep in stock that has met the wants of Infants and Invalids and been received with so much favor as the one you make. Respectfully,

THOS. GARDINER,
Homœopathic Pharmaceutist.

St. Louis, Mo., Jan. 26, 1876.

HOMŒOPATHIC PHARMACY, 306 North Fifth St
Messrs. WOOLRICH & Co., Palmer, Mass.

Gents: I need more of RIDGE'S FOOD for infants, etc., and wish to state at the same time that in the four years I have been dealing in this SUPERIOR ARTICLE OF DIET, I have not found any better adapted to the wants of children and invalids. I have had other foods before, and had a great deal of trouble with them; in some cases they did well, in the majority they did not, and people got dissatisfied. Since I had RIDGE'S FOOD, THERE HAS NOT BEEN A SINGLE COMPLAINT, and Physicians and families are supplying themselves with it regularly; our sales are steadily increasing.

Very truly yours,

H. C. G. LUYTIES.

I consider RIDGE'S INFANTS' FOOD a most excellent preparation, and well adapted to fulfill the purposes for which it is designed.

R. WALTER HEURTLEY, M.D.

81 S. Roby Street, Chicago.

FOUNDLINGS' HOME, Chicago.

RIDGE'S PATENT FOOD has been used extensively at the Foundlings' Home in this city under my charge, and has been found far superior to any other artificial food which we have tried.

GEO. E. SHIPMAN.

CINCINNATI, Feb. 16, 1876.

Messrs. SMITH & PARKS: You ask me what I think of RIDGE'S FOOD for Infants and Invalids. I answer, after observing its effect for about two years, I GIVE IT MY UNQUALIFIED APPROBATION.

M. H. SLOSSON, M.D.

Messrs. WOOLRICH & Co.

It is with great pleasure that I recommend DR. RIDGE'S PATENT FOOD for Infants, having used it with unequalled success. It creates a healthy action of the stomach and bowels and is unsurpassed as a nourishment.

Very respectfully yours,

Mrs. J. D. WARD,
186 Ashland Ave., Chicago, Ill.

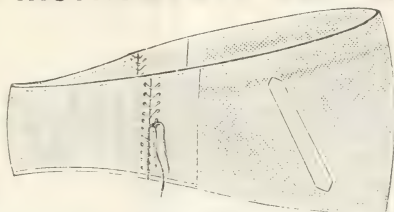
BLISS' PRAIRIE CASES.
 BLISS' AMPUTATING CASE...\$21 00
 " POCKET " ... 13 50
 " OPERATING " ... 50 00
 " OBSTETRICAL " ... 15 00

S. S. BLISS,
 70 State Street,
CHICAGO.

ESTABLISHED 1850.
**New Goods, No Old Stock,
 Low Rent and Expenses.**
Send for Price List and Catalogue.

SURGICAL INSTRUMENTS AND APPLIANCES.

ELASTIC STOCKINGS,
 KNEE-CAPS, ETC.,
 FOR
 ENLARGED VEINS,
 TRUSSES,
 EAR TRUMPETS,
 CRUTCHES.



BLISS' ABDOMINAL SUPPORTER, \$6.

MAGNETIC BATTERIES
 ANATOMICAL
 PREPARATIONS
 AND CHARTS,
 INSTRUMENTS
 REPAIRED
 AND POLISHED.

BINDING CASES

BLUE CLOTH,

WITH FULL TITLE IN GOLD, MADE EXPRESSLY
 FOR THE

American Homœopathist

WILL BE FORWARDED TO ANY ADDRESS, POSTPAID, FOR

Twenty-Five Cents,

POSTAGE STAMPS MAY BE USED IN REMITTING.

Any bookbinder will bind your back numbers, with this
 Case, at a nominal price.

ADDRESS YOUR ORDERS TO

A. L. CHATTERTON & CO.,

PUBLISHERS,

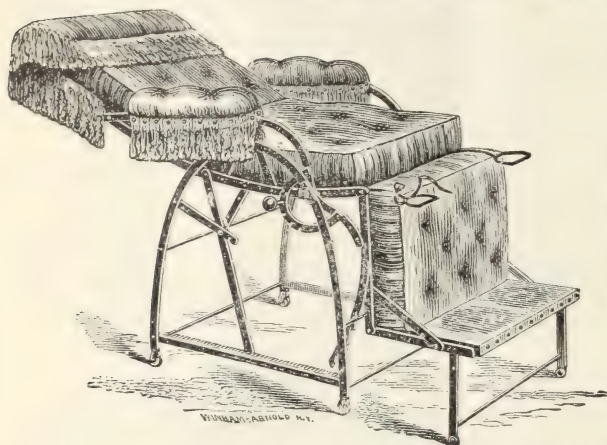
23 Park Row, New York.

121 Dearborn St., Chicago.

The Wilson Patent Adjustable Iron Operating Chair

FOR PHYSICIANS.

NO OFFICE COMPLETE WITHOUT IT.



It can be tilted clear back level, and the foot elevated, thus making it most convenient for

Surgical Operations,

ALSO,

Invalids' Reclining and Self-Propelling

WHEEL CHAIRS,

The Best in the Country, with Thirty changes of Position.

IRON BEDSTEADS,

FOR

Hospitals, Asylums, and Private Families.

Send for Circular to the manufacturers.

MATHIAS KLEIN,

235, 237 & 239 South Dearborn Street, Chicago, Ill.

JAS. E. GROSS, M.D.

NORTHWESTERN

JNO. B. DELBRIDGE.

HOMŒOPATHIC PHARMACY,
GROSS & DELBRIDGE.

COMPLETE ASSORTMENT OF MEDICAL SUPPLIES.

Medical Books, Surgical Instruments,

WESTERN AGENTS FOR

BOTSFORD'S HAMAMELIS,
DR. DORRIS' VACCINE VIRUS.

PUBLISHERS OF THE

PHYSICIANS' CONDENSED ACCOUNT BOOK,

An Epitomized System of Book-Keeping, avoiding the necessity of separate Journal, Day Book and Ledger; combining System, Accuracy and Easy Reference, with a minimum of labor.

Price \$3 50. Send for Sample Sheets.

NEW REMEDY.---Alstonia Constricta. The New Remedy, introduced by Dr. Cathcart, of Australia, and noticed in the HOMŒOPATHIST for October, we can now supply Physicians at 50 cents per ounce. Sample free on receipt of stamp. Address,

GROSS & DELBRIDGE,

Homœopathic Pharmacy.

No. 48 Madison Street, Chicago.

Circular to Homœopathic Physicians.

It is well known to the Homœopathic profession, that I have made the manufacture of Tinctures a study for several years. The improvements I have introduced into Homœopathic Pharmacy are fast becoming recognized. The most important are the following:

1st. To ascertain, carefully and independently for each substance, what solvent will dissolve the largest portion of its medicinal properties; and to adhere to the use of this solvent, in the preparation of the lower dilutions, as well as in the manufacture of the Tinctures. The rule and custom of pharmacutists has been, to use the same solvent for nearly every substance.

2d. To make the original substance from which the tincture is made, the basis or unit, of attenuation. Thus, in tinctures from fresh plants, the fresh plant is made the starting point and the first dilution is made to represent cubic centimeter for gramme, in ten parts of the liquid, one part of the fresh plant, and is properly marked 1-10. It is the general practice of pharmacutists to make the **TINCTURE** the basis of attenuation without regard to its strength.

3rd. To trust no druggist or root-digger to identify the original substances used in the preparation of tinctures. Being a practical Botanist and Chemist, I am able to avoid errors frequently made by mercantile pharmacutists in confounding different plants or drugs, having the same or similar names.

4th. To indicate plainly on every vial of mother tincture, the solvent and the strength of the solution, giving printed directions for making dilutions which shall correspond in medicinal strength with the triturations of the same number.

5th. To make and keep all tinctures in new, amber-colored vials with glass stoppers. This affords the most thorough protection from the chemical action of light, and avoids the admixture of fragments of cork.

The registered **TINCTURE LABELS** in connection with the patent **GRADUATED VIALS** make the process of preparing dilutions as easy as that of addition.

Samples and price-lists sent free on receipt of ten cents for postage and packing.

LEWIS SHERMAN, A.M., M.D.,

171 Wisconsin St., Milwaukee, Wis.

Homœopathic Medical College of Missouri ST. LOUIS.

The 10th Annual Session will commence Oct. 9, 1877, and continue to March 1, 1878.

FEES—For course, \$50; Matriculation, \$5; Dissection, \$10; Hospital (including Hospital Diploma), \$5; Graded course (3 years), \$100 *in advance. No Graduation Fee.* Candidates passing the "Final Examination" receive their diploma *without extra fee.*

Hospital advantages unsurpassed. Clinical teaching, surgical cases, and bedside practice abundant. Practical Midwifery for Second Course students. Send for Announcement.

E. C. FRANKLIN, M.D., Dean,
1400 Olive Street, St. Louis, Mo.

HOMŒOPATHY THE SCIENCE OF THERAPEUTICS

A collection of Papers elucidating and illustrating the Principles of Homœopathy.

BY CARROLL DUNHAM, M.D.,

Price, \$4. Svo. Cloth.

Will be sent, post paid, on receipt of price.
Address,

CARROLL DUNHAM, Jr.

IRVINGTON-ON-HUDSON, N. Y.

The Homœopathic Medical College OF PHILADELPHIA.

Now in its Twenty-ninth year; the oldest Homœopathic college in the world; has nearly 1,200 graduates.

This Institution offers unequalled facilities for acquiring a thorough medical education; has a museum of over 5000 specimens; a library of 2000 volumes; gives opportunity for the *practical* study of

Anatomy, Surgery, Obstetrics, and Chemistry; every advanced student furnished with cases of obstetrics. For announcement, address

A. R. THOMAS, M.D., Dean,
1628 Locust St. Philadelphia, Pa

Pulte Medical College, CINCINNATI, OHIO.

The Leading Clinical School.

Two Complete Graduating Terms.

First Term begins October 3d, 1877.

Second Term begins February 8th, 1878.

FEES, \$50.

Send for the Annual Announcement.

J. D. BUCK, M.D., Registrar,
305 Race St., Cincinnati, Ohio.

New York Homœopathic Medical College.

Sessions commence first Tuesday in October, and close about the 1st of March.

Clinical and hospital advantages unsurpassed by any medical college in the country.

Graded or Perpetual Ticket, - - - - \$160
Single course, - - - - - 100
Graduation fee, - - - - - 30

For further information and announcements address

J. W. DOWLING, M.D., Dean,
568 Fifth Avenue, New York.

Boston University School of Medicine.

OPEN TO BOTH SEXES.

It furnishes a complete graded course of three years' study. *Summer Term*, (optional,) commences March 18, 1878; continues twelve weeks. *Winter Term*, for lectures, commences Wednesday Oct. 9, 1878; continues twenty-one weeks.

Further information may be obtained of the Dean, I. T. TALBOT, M.D., 66 Marlboro' St., or of the Registrar, J. H. WOODBURY, M.D., 165 Boylston St., Boston.

E. H. SARGENT & CO.,

DRUGGISTS,

No. 125 State Street, Chicago.

WHOLESALE AND RETAIL DEALERS IN

Surgical Instruments,

CALVANIC BATTERIES,

Electrodes, Deformity Apparatus, Elastic Stockings, Trusses,

Models and Manakins,

Pure Chemicals, Fine Preparations, and Physicians' Supplies of all kinds.

CATALOGUES UPON REQUEST.



The best kind of work at reasonable rates. Cuts for Druggists' Labels, Surgical Apparatus, etc. a specialty.

C. H. VON TAGEN, M. D.,
SURGEON,

Graduate, 1858.

*GIVES Special Attention to Surgery
in General, including specialties.*

OFFICE AND RESIDENCE,

No. 8 Kentucky Building, Corner Clark and Adams Sts.

OFFICE HOURS,

7 to 11 A. M., 3 to 6 P. M., and after 7 P. M.

Available at all hours of the night.

Worthy and Charitable cases will receive due attention

ESTABLISHED 1865.

H. D. Garrison, M.D. H. F. Clark. A. L. Clark, M.D.

GARRISON & CLARK,
MANUFACTURING
CHEMISTS AND DRUGGISTS,

511 STATE STREET.

CHICAGO,

Fluid Extracts,

Solid Extracts,

Tinctures,

Sugar-Coated Pills, &c.

We make a specialty of Physicians' orders,
and supply everything in that line at lowest
market rates.

LACTOPEPTINE,

The most important remedial agent ever presented to the medical profession for Indigestion, Dyspepsia, and all diseases arising from imperfect nutrition, containing the five active agents of digestion, viz., Pepsin, Pancreatine, Diastase or Veg. Ptyalin, Lactic and Hydrochloric Acids, in combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE.

Sugar of Milk.....	40 ounces.	Veg. Ptyalin or Diastase.....	4 drachms.
Pepsin.....	8 "	Lactic Acid.....	5 fl "
Pancreatine.....	6 "	Hydrochloric Acid.....	5 fl "

LACTOPEPTINE owes its great success solely to the Medical Profession, and is sold almost entirely by Physicians' Prescriptions. Its present sale exceeds \$100,000 per year at wholesale. Its almost universal adoption by the profession, as the above figures show, is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned, having tested REED & CARRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid, and Hydrochloric Acid, made according to published formula, and called LACTOPEPTINE, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well-adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M.D.,
Attending Physician at St. Luke's Hos-
pital.

ALFRED L. LOOMIS, M.D.,
Professor of Pathology and Practice of
Medicine, University of the City of
New York.

J. H. TYNDALL, M.D.,
Physician at St. Francis' Hospital.

LEWIS A. SAYRE, M.D.,
Professor of Orthopædic Surgery and
Clinical Surgery, Bellevue Hospital
Medical College.

SAMUEL R. PERCY, M.D.,
Professor Materia Medica, New York
Medical College.

JOSEPH E. WINTERS, M.D.,
Assistant Demonstrator of Anatomy,
Bellevue Hospital Medical College.

F. LE ROY SATTERLEE, M.D., PH., D.,
Prof. of Chem., Mat. Med., and Therp.,
in the N. Y. College of Dent.; Prof. of
Chem. and Hygiene in the Am. Vet.
College, &c., &c.

PRICE LIST.

LACTOPEPTINE (Powder, in oz. Bottles).....	per oz.	\$ 1 00
" (Powder, in oz. Bottles).....	per doz.	10 00
" (Powder, in ½ lb. Bottles).....	per lb.	12 00
Elixir Lactopeptine.....	per doz.	15 00
" Lactopeptine and Bismuth.....	"	15 00
" Lactopeptine, Strychnia and Bismuth.....	"	15 00
" Calisaya Bark and Iron, with Lactopeptine.....	"	15 00
Beef, Iron and Wine, with Lactopeptine.....	"	12 00
Liquid Lactopeptine.....	"	15 00
Syrup Lactopeptine Compound.....	"	15 00

All Correspondence and Communications must be addressed to

The New York Pharmacal Association,

(Who have purchased all the rights in the article of Messrs. Reed & Carrick.)

83 JOHN STREET, NEW YORK.

P. O. Box 1574.

TO THE MEDICAL PROFESSION.

MALTINE.

(EXTRACT OF MALTED BARLEY, WHEAT AND OATS.)

THIS PREPARATION
Contains From **THREE to FIVE TIMES** the
MEDICINAL and **NUTRITIVE** Elements Found in
Extract of Malt.

MALTINE is a highly concentrated extract of malted *Barley, Wheat* and *Oats*, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from *three to five times* the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz.:

FIRST: In the manufacture of **MALTINE** the evaporation necessary to reduce it to its great density is conducted in vacuo, at a temperature ranging 100° to 120° Fahr.; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity, possessing little virtue aside from the saccharine matter which it contains.

SECOND: Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium and Potassium are essential elements in the food of man, and it is only in **MALTINE**, containing the combined properties of malted Barley, Wheat and Oats that all these principles can be found in the proper proportions; Extract of Malt made from Barley alone is wanting in some of the most important of these elements.

THIRD: Gluten is the most nutritious principle found in the cereals, and is the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. **MALTINE** contains twenty times the quantity of Gluten found in any Extract of Malt.

FOURTH: Liebig says "Wheat and Oats stand first among our list of cereals in combining all the elements in proportion necessary to support animal life. They are especially rich in muscular and fat producing elements." The only reason we use Malted Barley in the manufacture of **MALTINE** is that it contains larger proportions of mineral matters (bone producers,) and Diastase. It is deficient in all other essential elements.

*We believe that any practitioner will readily recognize the superiority of **MALTINE**, and would request a trial and comparison of merits with any article offered for similar uses.*

MALTINE preparations are sold at the same prices as EXTRACT OF MALT and its combinations, and are put up in amber bottles holding sixteen fluid ounces; each bottle inclosed in a folding paper box.

REED & CARNRICK,

Manufacturing Pharmacists,

196 and 198 Fulton Street, New York.

To the Medical Profession.

LACTOPEPTINE,

The most important remedial agent ever presented to the medical profession for Indigestion, Dyspepsia, and all diseases arising from imperfect nutrition, containing the five active agents of digestion, viz., Pepsin, Pancreatine, Diastase or Veg. Ptyalin, Lactic and Hydrochloric Acids, in combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE.

Sugar of Milk.....	4 ^o ounces.	Veg. Ptyalin or Diastase.....	4 drachms.
Pepsin.....	8 "	Lactic Acid.....	5 fl "
Pancreatine.....	6 "	Hydrochloric Acid.....	5 fl "

LACTOPEPTINE owes its great success solely to the Medical Profession, and is sold almost entirely by Physicians' Prescriptions. Its almost universal adoption by the profession, is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned, having tested REED & CARRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid, and Hydrochloric Acid, made according to published formula, and called LACTOPEPTINE, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well-adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M.D.,
Attending Physician at St. Luke's Hos-
pital.

ALFRED L. LOOMIS, M.D.,
Professor of Pathology and Practice of
Medicine, University of the City of
New York.

LEWIS A. SAYRE, M.D.,
Professor of Orthopædic Surgery and
Clinical Surgery, Bellevue Hospital
Medical College.

SAMUEL R. PERCY, M.D.,
Professor Materia Medica, New York
Medical College.

JOSEPH E. WINTERS, M.D.,
Assistant Demonstrator of Anatomy,
Bellevue Hospital Medical College.

F. LE ROY SATTERLEE, M.D., PH., D.,
Prof. of Chem., Mat. Med., and Therp.,
in the N. Y. College of Dent.; Prof. of
Chem. and Hygiene in the Am. Vet.
College, &c., &c.

PRICE LIST.

LACTOPEPTINE (Powder, in oz. Bottles).....	per oz.	\$ 1 00
" (Powder, in oz. Bottles).....	per doz.	10 00
" (Powder, in ½ lb. Bottles).....	per lb.	12 00
Elixir Lactopeptine.....	per doz.	15 00
" Lactopeptine and Bismuth.....	"	15 00
" Lactopeptine, Strychnia and Bismuth.....	"	15 00
" Calisaya Bark and Iron, with Lactopeptine.....	"	15 00
Beef, Iron and Wine, with Lactopeptine.....	"	12 00
Liquid Lactopeptine.....	"	15 00
Syrup Lactopeptine Compound.....	"	15 00

All Correspondence and Communications must be addressed to

The New York Pharmacal Association,

(Who have purchased all the rights in the article of Messrs. Reed & Carrick.)

83 JOHN STREET, NEW YORK.

P. O. Box 1574.

Subscription: Two Dollars a Year, Twenty cents a Number.

AMERICAN HOMŒOPATHIST

A MONTHLY JOURNAL OF
MEDICAL, SURGICAL & SANITARY SCIENCE.

J. P. MILLS, M.D., Editor.

125 Western Avenue, Chicago.

IN EXCHANGE

Vol. II.

April, 1878.

No. 4.

CONTENTS

GLEET AND URETHRAL STRICTURE. <i>W. E. Green</i>	139	ARUM TRIPHYLLUM.—TOOTHACHE. C. <i>W. Butler</i>	107
CASES FROM PRACTICE. <i>J. B. Wiscott</i>	151	THE LAST DITCH. <i>Geo. E. Shipman</i>	108
MENTAL DERANGEMENT.—AURUM MET. <i>J. L. Gage</i>	152	NEW PUBLICATIONS	170
SURGICAL GLEANINGS FROM RAUE'S RECORD. <i>H. V. Miller</i>	153	Transactions of the Thirtieth Session of the American Institute of Homœo- pathy.—The Heart and Its Troubles. —Guernsey's Obstetrics.—The Step- ping-Stone to Homœopathy and Health. A Treatise on Typhoid Fever and its Homœopathic Treatment.—The <i>St. Louis Clinical Review</i> .— <i>L. Homœo- pathic Militants</i> .	
THE SCIENTIFIC FUTURE OF HOMŒO- PATHY. <i>S. Saltmarsh</i>	154	LAPUS ALBUS.—WHAT IS IT. <i>J. J. Davis</i>	174
SURGICAL CLINIC—WARDS ISLAND HOS- PITAL. <i>Wm. Tod Helmhuth</i>	159	MEDICAL MEMORANDA	175
PHOSPHORUS FETID STOOLS	162	Items of Interest.—Minnesota State Meeting.—Personals.	
THE RATIONALE OF HOMŒOPATHIC THERAPEUTICS. <i>T. F. Pomeroy</i>	163		

A. L. CHATTERTON AND COMPANY,

PUBLISHERS,

23 Park Row, New York.

121 Dearborn St., Chicago.

Chicago Homeopathic College

CHARTERED JUNE, 1876.

Special Announcement.---Spring and Summer Session, 1878.

The generous support accorded this institution by the profession and students demonstrate the higher esteem in which a determined effort to raise the grade of medical scholarship is held. In order to more fully develop the enlarged plan of education which this College has always had in view, the Trustees have decided to continue instruction throughout the entire year.

The prominent features of the Course will be clinical teaching, a series of recitations in the elementary branches and practical training in Chemistry, Pharmacology, Auscultation and Percussion.

The Central Homeopathic Dispensary now averages about two thousand prescriptions a month. All the Clinics are crowded with patients. It has been found necessary to appoint three dispensing physicians instead of one, as heretofore, to act as assistants to the clinical professors. All the regular Clinics will continue just as during the Winter Session. Daily recitation will be conducted by the dispensary physician, under the supervision of the professors whose chairs are represented. This feature will afford excellent opportunity for students to prepare for the regular Winter Course.

A weekly Clinic for Women will be held by Mrs. Sabiu Smith, physician-in-charge of Erring Womans' Refuge.

The course will commence April 8th, and continue until the opening of the third regular session, in October.

FEES, \$10.00.

ORDER OF COURSE.

Hour.	Monday.	Tuesday.	Wednesday	Thursday.	Friday.	Saturday.
10 A. M.		Anatomy Recitation. BLUNT.	Physiology Recitation. BARTLETT.	Anatomy Recitation. BLUNT.	Physiology. Recitation. BARTLETT.	9 to 11 A. M. Practical Chemistry. C. MITCHELL.
11 A. M.		ADAMS.*	MRS. SMITH.*	DANFORTH.*	STREETER.*	BEEBE.*
2 P. M.	WOODYATT.*	DELAMATER.*	GROSVENOR.*	MITCHELL.*	WOODYATT.*	DELAMATER.*
3 P. M.	KIPPAX.*	Pharmacology. DELAMATER	Chemistry Recitation. C. MITCHELL.	Auscultation and Percussion. MITCHELL.		

* Clinics.

For further information address,

CHARLES ADAMS, 125 State Street, Chicago.

THE
American Homœopathist.

A MONTHLY JOURNAL OF MEDICAL, SURGICAL,
AND SANITARY SCIENCE.

Vol. II.—APRIL, 1878.—No. 4.

GLEET AND URETHRAL STRICTURE.

W. E. GREEN, M.D., LITTLE ROCK, ARK.

[A Paper Presented to the Homœopathic Medical Society of Tennessee.]

The treatment of urethral diseases presents a broad field for observation and labor to the young and aspiring surgeon. Thoroughly understanding the disease and having the necessary instruments, it is astonishing how rapidly his reputation will be extended and his revenue increased.

Gleet is a muco-purulent discharge from the urethra, depending upon chronic irritation, or following some structural lesion of the urethral mucous membrane, and is usually a sequence of gonorrhœa (the irritation having been kept up by constitutional dyscrasia), excesses in venery, alcoholic drinks, violent exercises, etc. Persons who are habitually on their

feet, or whose business requires a great amount of walking, are proverbially liable to it. It may, however, originate from traumatism, or idiopathic causes, such as gout, scrofula, etc. Debility and acid conditions of the urine, also favor its developments. Whether following in the wake of unchaste intercourse, or superinduced by other causes, the same pathological conditions obtain.

Patches of irritation or congestion spring up along the tract of the urethra and ultimately a thickening of the mucous membrane (which may be covered with granulations) supervenes. These spots of congestion are usually attended with a morbid condition of

hyperæsthesia. If stricture exists, a result of thickening, (which is the most common source of gleet discharge,) the seat of lesion is at the stricture, and the urethra back of it becomes dilated, being kept in a state of irritation by the obstruction *to*, and the retention *of*, a few drops of urine *after* micturition. A slight stricture may keep up an intractable gleet, baffling all attempts for relief, until the stricture itself be cured. Gleet may run a very protracted and indefinite course and possesses different degrees of intensity. The symptoms may be so severe as to produce much discomfort and inconvenience to the patient, causing painful micturition, heaviness and pain in the back, hips, perineum, testicles and penis. The discharge may be so copious as to soil the patient's linen, and when purulent may retain infectious properties, at other times it may be so slight as only to agglutinate the meatus and not excite any attention. Such patients are prone to frequent attacks of urethritis, which cause great annoyance, and they often condemn their medical attendant, claiming that the original gonorrhœa had not been properly cured, but in some mysterious way had simply been held in check by the physician for the purpose of obtaining additional fees. It is astonishing what a depressing effect a gleet discharge will produce upon the mind of some patients. It keeps them in a state of mental worry, and they are continually squeezing and pulling the penis, trying to press out

a drop of pus, thus keeping the urethra constantly irritated.

TREATMENT.

The treatment for gleet is varied; all kinds, both local and internal, having been recommended. Injections stand in high repute and comprise tonics, stimulants and astringents, used either singly, or variously combined to suit the theories and experience of the practitioner. Solutions of the salts of Silver, Zinc, Iron, and Copper, are in greatest favor, and are capable of doing good or harm, according to the strength of the lotion used; the stronger the injection the more unsatisfactory the result. The most serious consequences having sometimes resulted from the injudicious and heroic use of these remedies.

Specifics for the cure of gleet are equally unsatisfactory as are specifics for the cure of other diseases; and he who runs blindly from one remedy to another, seeking an infallible cure, will most assuredly be disappointed. *Every case* should be individualized, and the cause sought for and removed. One of the most important factors, is a careful observance of proper hygienic principles. All excesses in eating and drinking, and all violent bodily exercise should be proscribed. A proper restriction should be placed upon sexual intercourse and venereal excitement avoided. Sometimes ungratified desire creates the irritation, in which event a moderate physiological exercise of the organs is proper and necessary to produce sexual

quietude. The urine should receive careful attention and an over acid condition, or a condensation of this fluid, corrected. The skin should be kept in a healthy and normal state by proper baths and friction; all stimulating food, beverages and condiments studiously avoided, and a plain nutritious diet adhered to. A plentiful supply of pure, fresh water is highly beneficial, rendered slightly alkaline by the addition of Bicarbonate of Soda, if the urine be acid.

Gleety discharges produced or kept up by constitutional tendencies must be met by the proper internal remedy. Injections are very efficient means of treatment, and if properly handled will sometimes alone eradicate the disease; but like all other remedies, they will not meet the demands of every case. In some they will be of no advantage whatever; in others, will act well in conjunction with the sound. In simple and uncomplicated cases, following recent attacks of gonorrhœa, they give very satisfactory results. In these cases the urethral mucous membrane may be simply irritated or hyperæmic; the discharge slight and of a mucous character. In more severe cases patches of the mucous membrane become vascular, swollen and there is serous or plastic thickening of the membrane and sub-mucous tissue. The discharge is more copious, thick, and muco-purulent in character, the pus cells being suspended in mucus.

The first of these conditions may be treated by mild injections of Sul-

phate of Zinc (gr. j. to ij. to water oz. j.) used once or twice daily; but in the second condition, where the discharge is more copious, thick, and creamy, better results may be anticipated from a solution of Tannin (gr. v. to x. to water oz. j), or Nitrate of Silver (gr. j. to ij. to water oz. j.). All injections should be deposited at the seat of the lesion; if this is near the meatus the ordinary penis-syringe will answer, but if seated low down in the urethra, the deep urethral syringe should be used. *This* injection should be conducted by the physician himself every two or three days, according to the urgency of the case. A careful examination of the urethra should be made in all obstinate cases of gleet (and also in all protracted cases of gonorrhœa) to ascertain the character and seat of the lesion. For this exploration there is nothing better than the steel sound. An instrument should be selected of sufficient size to fill the meatus without stretching it. This being the smallest part of the urethra, a sound filling this point if it meets with no obstruction will readily glide through to the bladder. The instrument should be blunt-pointed and well oiled. It should be passed gently along the urethra until it enters the vesica, when it should be gently withdrawn. During its passage, all changes in the urethra, their character and position should be carefully noted. If there is considerable hyperæmia or hyperæsthesia of the urethra, the patient will complain of pain, tickling or burning sensations

while passing the instrument. If the beak strikes a congested or granulated spot, the patient will wince and draw away; when the point passes this it will again glide on without pain. If it comes in contact with a stricture, the passage of the instrument is obstructed, and if the stricture is not too sensitive the patient will be inclined to push against the instrument. The seat of the disease will usually be found just behind the fossa navicularis, and again several inches down at about the junction of the spongy with the membranous urethra, these points being more vascular in their nature than any others in the canal and during disease having a greater tendency to congestion. This being the case, they are liable to remain congested even after the other parts of the urethra return to their normal condition. The rough and injudicious use of the penal syringe often produces pathological changes about the meatus. The use of the sound exerts a beneficial influence and in many cases is all that is necessary to effect a cure. It obtunds urethral sensibility, and sensitive conditions pass rapidly away under its use. Heaviness, pain in the back, hips and perineum, an irritable condition of the bladder as well as frequent desire to micturate, are all relieved by its faithful employment. The instrument should be introduced every three or four days; a second introduction always being delayed until all irritation and discharge from the previous one have subsided. In extremely

sensitive conditions, when the metal sound produces great pain, it may be necessary to substitute therefor the flexible French gum bougie (as its introduction is followed by less pain,) until the sensitiveness measurably subsides.

Sometimes the meatus is not large enough to admit the proper sized instrument. In that case it should be incised so as to allow a sound to pass that will fully dilate the passage. In many cases of gleet, following recent attacks of gonorrhœa, there is but a slight discharge of whitish mucus. This is caused by a slightly irritable or hyperæmic condition of the mucous membrane, which a few passages of the sound will readily remove and effect a speedy cure. In short, whether the discharge is produced by stricture, granulated or congested condition, the sound is the proper means of cure, either alone or in conjunction with injections. It is always applicable in protracted cases. If deemed advisable to use the injection with the sound, it should be done at the same sitting and immediately after the withdrawal of the instrument. A deep urethral syringe should be passed below the seat of disease, or down to the sphincter vesicæ, and then gently withdrawn as the fluid is being injected, which thus rapidly follows the withdrawal of the syringe, thereby coming in contact with every part of the distended urethra.

In some cases, better results are obtained by using the injection and the sound together, and again it

becomes necessary to abandon all treatment for a few days, as the discharge will sometimes subside without further treatment. The injection used should never be of sufficient strength to produce more than a momentary smarting. This is the proper guide to the strength of the lotion. The employment of medicated bougies has been recommended by some and extensively advertised by the patentees, for the treatment of gleet, but their efficacy will not be discussed in this paper.

Lacunal inflammation, cowperitis, inflammation of the seminal vesicles, or diseased condition of the prostate, may cause gleet. These conditions require special study for their detection and treatment, the direction for which may be found in special works upon the subject. Some cases may yield readily to internal treatment and a cure be effected without the aid of other means. In such, selections may be made from the following remedies :

GELSEMIUM.

Gelsemium is indicated where there is a return of acute symptoms, or a suppression of the discharge, accompanied by inflammatory symptoms; frequent desire to micturate; heaviness in the back, limbs, head and eyes.

Dose, from one to four drops of the tincture every two to four hours. This is a sovereign remedy in the treatment of gonorrhœa in acute stages, and will both greatly shorten the attack, and lessen the severity of the disease.

CANNABIS.

Slight, whitish discharges, with pain; burning and stinging during micturition, with constant urging to urinate.

This remedy should be given in dilution from the 12th to the 30th, favorable results in gleet not being produced by the lower potencies; but in acute attacks of gonorrhœa, the tincture and the 1st and 2d dilutions will sometimes promptly relieve the painful urging to urinate but will not materially lessen the discharge.

CANTHARIS.

Yellowish discharge, with cutting pains during and after micturition. Priapism with chordee.

Dilutions from 3d to 6th act best.

CHIMAPHILLA.

Vesical tenesmus with frequent inclination to urinate; the urine containing a thick, ropy, mucus sediment, sometimes mixed with blood; symptoms indicating that the inflammation has extended to the neck of the bladder.

Dose from six to ten drops of the 1st dilution every two or three hours.

BAROSMA.

Barosma has much the same indications, and is a remedy that will many times give very satisfactory results if administered in five to ten-drop doses of the tincture every three to four hours.

CIMICIFUGA.

Dull heavy pains in the back of head, eyes, and back; sleeplessness; rheumatic pains, etc.

The best results will be obtained

from the 1st and 2d dilutions.

HEPAR SULPHUR.

This remedy very much resembles Mercurius, and may be administered when the discharge is bland, thick and yellowish.

The 2d and 3d potencies should be used.

IODIDE OF BARYTA.

Enlargement of prostate.

Dose, two or three grains of 2d trituration every three or four hours.

MERCURIUS.

Discharge thick, copious, yellowish or greenish, with itching or smarting during micturition.

Merc. sol. is the preferable preparation, in 2d and 3d triturations.

NUX VOMICA.

After the use of strong drugs; display of nervous symptoms; pain in the head, indigestion, constipation, hæmorrhoidal tendencies, etc.

Dilutions from the 6th to the 200th may be given.

PULSATILLA.

Milky or whitish discharges; swelling of testicle and prostate.

In dilutions from 3d to 6th.

POPULIN.

In obstinate cases, indigestion, flatulency, prostatic and vesical complications, ardor urinæ, vesical tenesmus, severe cramp-like pains after urinating.

Dose, one to two grains of the 2d trituration.

PETROSELINUM.

Tickling and itching along the urethra, with constant desire to urinate.

THUJA

Discharges thin, greenish; condylomata; prostatic affections; stitches along the urethra.

Dilutions from 3d to 30th.

In debilitated conditions of the system selections should be made from such remedies as Ferrum, China, Arsenicum, Phosphoric acid, Calcarea carb., etc. If the discharge is engrafted upon a syphilitic constitution, reference may be made to Mercurius, Kali hyd., Acidum Nitric, Phytolacca, Thuja, etc. Scrofulitic conditions should be met promptly by the Iodides of Arsenic, Baryta, Calcarea, Iron, and Mercury; also, Calcarea carb., the Hypophosphates, Cod Liver oil, etc. The course of treatment used should be persevered in for sometime after the discharge has ceased, otherwise a return may be anticipated.

It is an important point in order to hold your patient, to gain his entire confidence. If possible, give him the impression that you thoroughly understand his disease and inspire him with the certainty of a cure within a reasonable time. This will greatly aid in the treatment.

URETHEAL STRICTURES.

The most common as well as the most complicated forms of gleet are those caused by strictures; and in these cases, the cure depends of course, upon the removal of the cause. Stricture may result from traumatism or chancroidal cicatrization; but the most frequent cause is gonorrhœal

inflammation. The pathological changes producing organic stricture of the urethra, are the results of a mild but continuous inflammation. This may affect only the mucous tissue, causing a thickening of the membrane, and an encroachment upon the capacity of the canal, or it may extend to the submucous and cellular tissues, and deposits of plastic matter be thrown out contracting the passage, destroying its elasticity and impairing its functions. The hyperplasia may also extend to the corpus spongiosum, surrounding the canal with dense fibrous bands which keep it permanently contracted. The bulbo membranous portion of the urethra is the most susceptible to stricture, though it may be located at any point except the prostatic portion which is said to be exempt.

That caused by gonorrhœal inflammation usually occurs in adult life between the ages of twenty and forty-five years, the liability being in direct ratio to the duration of the gonorrhœa or gleet discharge.

Protracted gleet shows that a morbid process has taken place in the urethra and is a conclusive indication of the formation of stricture. When resulting from traumatism, it may occur at any age. Congenital stricture will not be discussed in this paper.

Strictures usually occur singly, but two, three and even more, are credibly reported. They may be variously classified according to the anatomical lesion, into linear, annular, and tor-

tuous; depending upon the degree of contraction, into permeable and impermeable; and owing to the symptoms into simple, irritable and resilient.

The spasmodic form is met with when anatomical changes do not exist, it being a simple spasmodic contraction of the muscular fibre of the urethra. It is found in persons of a nervous temperament and results from some local or reflex irritation, the seat of the trouble usually being at the compressor urethra, and may be recognized by the symptoms appearing suddenly, and being transient in their nature.

An impermeable stricture is one that does not allow the passage of even the smallest instrument, and requires perineal urethrotomy for its relief. Want of space forbids its discussion here.

Irritable strictures are painful. They worry and fret the patient a great deal, and are very sensitive to manipulation, any attempt at passing an instrument being attended by severe and protracted pain. They, like the spasmodic, are prone to exist in persons of a nervous temperament.

Resilient strictures are elastic, as it were, in their nature, quickly contracting after being dilated to even less size than before the passage of the instrument. The surgeon may introduce a No. 6 or 8 bougie and immediately afterward a No. 5 or 7 will refuse to pass. If the stricture be small, (as this class usually are,) at the second

attempt the *smallest* instrument may not pass. Traumatic strictures are usually of this character. They are not amenable to dilatation but require divulsion or excision for their cure.

Stricture does not necessarily produce any symptoms until it contracts the canal sufficiently to obstruct the flow of urine. The gleet discharge is one of the earliest and most noticeable, and may co-exist with any or all of the following train of symptoms:

Frequent and painful micturition, the stream altered in size, it may be forked, or come away in a swirl. The time in urinating is protracted, an effort being required for the expulsion of the matter, the straining sometimes causing sympathetic diseases of the rectum. The stream may be lessened so that only a few drops pass at a time or even until retention occurs, bringing in its train, cystitis, rupture of the bladder, extravasation, peritonitis, etc.

A noticeable symptom is the "drip," which all sufferers have. This is the dribbling away of the few drops of urine retained behind the stricture after urinating and leaves (without great care is exercised,) a yellow stain on the pants.

The diagnosis of stricture must be made by an exploration of the urethral passage. A bulbous bougie that will easily enter the meatus should be selected, and gently passed until it meets with resistance or enters the bladder. If an obstruction is met, the instrument should be carefully

rotated and pressed against it and if then it will not pass, should be withdrawn and a smaller instrument used until the stricture is passed, its character, position and degree of contraction ascertained, and its extent accurately measured. The conclusion drawn from this examination will determine the course of treatment to be pursued.

The successful handling of urethral stricture does not require a very accurate anatomical knowledge, although the physician having a thorough understanding of the regional anatomy, will be much more at ease in his operative procedure.

The curative action of mechanical pressure promoting absorption is strikingly exemplified in the treatment of stricture. The end sought for, is the removal of the adventitious tissue by a process of stretching or absorption, or a division of its continuity by divulsion or incision. The first result is obtained by the introduction of sounds or bougies, the force brought to bear upon the diseased structure, stretching and temporarily paralyzing its tissue and absorption following. By this operation, some of the fibres are torn and the mucous membrane itself may be ruptured causing a slight hæmorrhagic flow. This need not excite any apprehension, it being rather a favorable omen than otherwise, as the chasm will fill up with healthy granulations materially assisting in the restoration of the canal to its proper size. For a few hours after the introduction of an instrument the

urinal stream will be larger and freer, but as extravasations and swelling ensue, following the force used, there will be a temporary lessening of the stream, with a thicker and slightly increased discharge; but the quiet enjoyed by the irritable diseased structure, from its overstretching and temporary paralysis, relieves the painful symptoms occasioned by the disease. During the period of rest, about the expiration of the second or third day, absorption will begin. This is nature's process of repair, which has received a stimulus by the injury done to the parts. The stream grows larger and the gleet becomes less copious. This improvement should continue several days, when if the operation be not repeated, the symptoms will again begin to grow aggravated.

The conical steel sound is usually the most appropriate instrument with which to conduct the treatment of all uncomplicated cases of stricture, where an instrument of larger size than a No. 15 French scale can be used. This should be warmed, well oiled and gently passed down to the seat of stricture. If it here meets with resistance, a little time and its own weight with gentle manipulation is all that is necessary to tire and overcome the spasmodic contraction, no force being required or allowed, owing to its liability to produce false passages, inflammation and its accompanying evils. If the instrument will not pass, it should be laid aside and a smaller one used. After it has

entered the bladder it should be withdrawn, a larger one inserted, and so on, as long as the individual case and the temperament of the patient will admit of the repetition. Circumstances must always guide the surgeon as some patients will almost faint away at the first operation and cannot endure a second, while others will stand any amount of manipulation. The patient should now be instructed to go about his business until the expiration of the seventh or eighth day when a second sitting should be instituted, for about this time improvement will cease and the stream begin to narrow. The operation should never be repeated so long as improvement continues, more frequent introduction of an instrument being calculated to do harm rather than good. It is surprising sometimes to find reputable physicians passing an instrument once and sometimes even twice every day, thereby inflicting great pain upon their patients as well as retarding their recovery. After the passage has reached its natural size the patient should be instructed in the use of the instrument, supplied with a proper one and directed to continue the insertion at stated periods, for months, years, or even a lifetime if necessary, the tendency of stricture being to return, and unless this procedure is kept up until all disposition to contraction ceases, the subject will undoubtedly again be upon your hands. The conical flexible bougie will answer the same purpose as the steel sound, and in unskillful hands is

not so liable to do injury. It is more easy of introduction, and will sometimes insinuate itself where the same sized sound cannot be passed. In some very irritable urethras there is much less pain attending its introduction, but after a certain degree of skill is acquired in the manipulation of urethral instruments the metal sound is preferable as it seems, in the experience of the writer, to effect a more rapid cure. Strictures of small calibre require great care and patience in their treatment there being danger of making false passages and injuring the canal. The soft instrument is especially adapted to this class and the filliform bougie and the guide become a necessity. In such cases perseverance and skillful manipulation are indispensable, on account of the liability to engage in false passages, be caught in a fold of mucous membrane, or a lacunal opening. If the points *do* become thus engaged, the instrument should be gently withdrawn, rotated and passed again, exploring with the point every part of the circumference of the canal until the stricture is engaged, when by a gentle rotation you pass through and reach the bladder. The point of the filliform bougie will frequently become entangled with, or twisted into, mucous folds, when resistance will impede its withdrawal. In such cases small pieces of the membrane will frequently be torn off and brought away with the instrument. After the bladder has been reached the bougie should be withdrawn and in three or

four days again introduced, followed by a larger one, and so on—the subsequent insertions being made with the soft bougie until the dilatation has reached a point admitting the use of the sound, when the bougie may be laid aside for that instrument.

If the passage of the filliform bougie has been attended with much difficulty (the stricture seeming to grasp the instrument tightly,) and other symptoms appear indicating further trouble and stubbornness, the filliform bougie should be used as a guide, a divulsor passed, and the stricture at once stretched or divulsed. The end desired in divulsion or incision is to divide the stricture and make a gap in it, to be filled in by granulations, thereby restoring it to its original calibre. This summary and seemingly formidable procedure is not likely to be attended by untoward results. Thompson's divulsor is the most desirable instrument. The operation should be conducted as follows: Place the patient upon his back, ascertain the depth of the stricture and then set the metallic gauge upon the instrument at a like distance from the centre of the greatest dilatation of the blades. Let the surgeon now take a position on the left of the patient and pass a whalebone filliform bougie, which is his guide. The divulsor being grasped in the right hand should now be threaded over the guide and introduced into the urethra until the gauge reaches the meatus, when it should be slipped back to the handle. The instrument is

now in position. It is sometimes necessary to pass a finger up the rectum to guide the point, or assist in its course by slightly lifting it. When this has to be done an assistant should be entrusted with the bougie. During the passage of the divulsor the guide should be held firmly otherwise it would be pushed on in front of the instrument, doubled up and false passages might be made. If the stricture is larger, the filliform need not be used as the instrument can be passed as in ordinary catheterization. The divulsor being in position, the guide may be withdrawn, if it can be done without force; if not, it should be left during the operation and withdrawn with the divulsor, the danger being that the bougie might be caught on the point of the divulsor, chipped off and a portion of it left in the bladder thereby forming a nucleus for stone. The handles should now be turned and the blades dilated until the stricture is ruptured, which is announced by the appearance of blood at the meatus. This is sufficient and the instrument should be removed, care being taken that the mucous membrane be not caught and torn between the blades in closing them. This may be prevented by pushing the divulsor slightly toward the bladder while screwing the blades together; they need not be entirely closed, but only enough to pass the meatus without stretching that passage. If the membrane should be caught, it cannot be disengaged, but must be torn by the withdrawal of the

instrument; only a little hæmorrhage will follow, as the lacerated tissues are but little inclined to bleed. The divulsor being withdrawn, a full-sized sound, say about No. 24 or 25 should be passed and repeated in about seven or eight days, and so on as in ordinary stricture. After the operation, Aconite and Arnica should be administered, for, urethral fever accompanied by chilly sensations, delirium, nausea and restlessness may follow and continue for twenty-four or forty-eight hours. These symptoms need not excite any apprehension, as they usually subside without serious results.

Accidents, such as abscesses, infiltration, etc., following divulsion, are very rare.

Epididymitis or echymosis succeeding need cause no uneasiness; they subside as in ordinary cases.

Strictures in the pendulous urethra requiring division may be stretched and then divided with the urethrotome.

Contractions of the meatus are intolerant of dilatation and require incision for their cure, which may be performed with a slender tenatome. The cut should be made through the hardened tissues extending downward toward the floor of the urethra and to one side of the frænum. The opening should be made larger than nature's design, as a certain degree cicatricial contraction will follow hæmorrhage will usually be slight, and may be arrested by a little lint or the passage of the sound.

Traumatic as well as resilient stric-

tures are perverse in their nature, do not yield to mild treatment, but require divulsion or incision for their relief.

Patients with stricture may suffer from retention of urine, caused by acute inflammation, this being excited by cold, dissipation, or passing instruments into the urethra. Water accumulates rapidly in the bladder, causing acute suffering from distension. After a few hours an overflow may take place, and a little dribbling of urine occur, and if relief is not obtained, atony, cystitis or rupture are liable to follow. These conditions should be prevented, if possible, as their occurrence often permanently affect the patient. An attempt should first be made to pass a small flexible catheter. If this fails to reach the bladder, and it is not too much distended, *Gelsemium*, in the strong tincture, should be administered at frequent intervals, aided by hot baths. This remedy exercises special curative properties on diseases of the urethra and will frequently give prompt relief; but should it fail, or the bladder be greatly distended, efforts should be made to pass a filliform bougie. If this succeeds, there being no contra indications, a divulsor should be threaded over it and the stricture at once ruptured. If the operator fails in passing the bougie, the aspirator should be used and the water drawn off by a suprapuncture of the vesica, after which, efforts should again be made to pass the instrument, as it has been found that the bladder could be

reached after being partially emptied, when all previous efforts had failed. If the attempt now prove successful, the stricture should be divided; if not, the patient becomes a proper subject for perineal section.

False passages, infiltration, abscesses, fistula, enlarged prostate and cystitis are complications attending stricture which require careful and special study.

Urethral fever may follow any manipulation in the deep urethral canal, injuries about the meatus being peculiarly exempt from any such sequence. There is no comparison between the amount of injury done and the subsequent fever, the simple introduction of the sound being liable to produce it as well as the most formidable operations. Shortly after the operation, usually following the first urination, the patient is taken with chill and rigors attended with headache, vertigo and vomiting and followed by febrile reaction, sometimes of a marked character; pulse running high, face flushed, severe headache, delirium, etc. The fever may display paroxysms of an intermittent type and may last forty-eight hours or longer. It usually subsides without serious results although death may occur from this cause. The treatment adapted to this condition is, in the chilly stage, *Camphora* alone or alternated with *Aconite* or *Gelsemium*. During pyrexia, *Gelsemium*, *Aconite*, *Veratrum viride*, *Belladonna* or *Arnica* may be given.

CASES FROM PRACTICE.

J. B. WESCOTT, M.D., GOODLAND, IND.

CASE I.

In 1874 a gentleman came to me at midnight, and told me he had not passed any urine since six o'clock in the morning, and requested me to introduce a catheter, and draw off the contents of the vesica. I proceeded as follows: I took a syringe with a long stem and injected a solution of water and about twenty minims of the 3d attenuation of Atropia. I introduced the stem of the syringe into the urethra and pushed it gradually up to stricture and gradually ejected the contents of the syringe. As soon as this was done he began walking the room. He made three turns across the floor and bolted for the out side, where he thoroughly emptied the bladder.

CASE II.

In 1875, a lady thirty-five years of age, came into my hands for treatment. She had been told by her medical adviser that she had a tumor in the abdomen of some kind, the which he had been unable to determine. The abdomen was fearfully distended, a good deal of emaciation, moderate appetite, pulse rather quick and wiry, skin dry and husky, some diarrhoea, and at times considerable thirst. The bowels were not hard to pressure, there was a sort of waxy feel to them and a good deal of unevenness. After a careful examination

I diagnosed, not a tumor, but impacted feces. Acting on this assumption I procured some Atropia—half grain—divided that into sixteen pills. These I administered per rectum and soon had conclusive evidence that a moving process was inaugurated, and I venture to say that a more thorough cleansing out of the intestinal canal was never obtained. The stool consisted of large balls and small balls that had adhered together, all black and hard as marbles. I gave two pills. The result was a rapid restitution of the patient.

CASE III.

In 1876, the Sunday previous to the electoral vote, I was called to see an old man who could get no passage of the bowels, and all medicinal agents proved unavailing. He was in great pain and anguish. I prepared a pint of water into which I put one-sixteenth of half grain of Atropia.

This had also a moving effect, the which produced a cure. On the following Tuesday the old gentleman went to the polls and voted.

I have an idea that the Atropia would be an excellent agent in case of strangulated hernia, and also in intussusception, and shall most certainly use it if an opportunity presents itself.

CASE IV.

I have another case, of a young man twenty-one years of age, who,

some eight years ago, had an attack of typhoid fever and fell into the hands of the bulldozers. After devouring a drug store he recovered, but soon came down with a most terrible pain in the right hip and limb. The bulldozers were again called in and finally the pain culminated in an ulcer which was pronounced fever sore. The usual routine of medicinal agents were administered and resort was had to the knife, but all to no purpose. In November last he came to me. On examination I found the limb three inches shorter than the other, and four ulcers discharging.

Limb from knee to hip hard and swollen.

I prescribed Phos. acid, Hepar and Iod., the two last 3d trit., four powders on alternate days. The Phos. in pellet form, eight at a dose, every two hours. I have since added Aurum, alternating with Phos. every two hours. The result is that the limb is of nearly normal size, and only two ulcers are discharging a little. Since the patient came into my hands two or three pieces of bone have been discharged. The case bids fair to be cured permanently, so far as the ulcers are concerned.

MENTAL DERANGEMENT.—AURUM MET.

J. L. GAGE, M.D., HORNELLSVILLE, N. Y.

In the spring of 1868, Mr. G., aged twenty-one, was married. In June his mother came to me and said she believed G. was becoming deranged. She was greatly alarmed about him, and said he had not appeared natural for some time, even before he was married; but she thought it from contemplating marriage, and leaving home, and going into business for himself. He was nervous, restless, sometimes cheerful, but more often excitable, angry and passionate without cause. He was naturally mild, gentle, and cheerful. He could not set himself to work, could not attend to his business, could do nothing

satisfactory if he tried to do it. He was taken home to his parents and I visited him there. In a long conversation with him alone, I gradually drew from him a confession; the idea possessed him that his case was hopeless, that he was himself the cause of all his troubles (self-pollution), and that he should never be any better until, as he said, "my blood flows."

I gave him Nux. But he grew worse, more excitable and passionate, sleepless and uneasy, disliked to see anybody; would hide if he see any one coming. One day his mother saw him in the pantry with the butcher knife, feeling its edge. She

courageously demanded the knife, and he reluctantly gave it up, was very angry. He then went for his father's razor, but she managed to get hold of it first, foiled again, he was terribly angry, and threatened all sorts.

At this time I made another visit and learning these facts, gave him Aurum 6x, attenuation. He had to be watched continuously. In a few days he became more quiet, not so excitable, slept better, improved every way, and rapidly. He soon lost all desire for suicide. In six weeks he was well, and returned to his business.

The mental condition manifested in this case was a perfect picture of Aurum symptoms, and the cure a verification of the law of *similia*.

It is claimed, and is undoubtedly true, that no mental derangement can exist in a perfectly healthy body. But we often see demented and deranged people in perfect health (apparently) for years. Yet we know

that a healthy constitution of the physical organism is absolutely essential to a lively and healthy activity of the mental sphere. But often the mental symptoms are the only outward manifestation of the internal disorder, and thus the *law of similia* is as perfect a guide as it is in the treatment of any physical malady. Indeed, in all physical maladies the mental condition of our patient is of the utmost importance in selecting the appropriate remedy. If, in treating mental diseases, we can ascertain the pathological condition previous to the manifestation of the symptoms, or the causes that gave rise to them, it will often aid us materially in selecting the appropriate remedy. We know that fear, fright, anger, joy, grief, sorrow and disappointed hopes, all give rise to mental and physical suffering, but each has, according to the cause, the appropriate remedy to counteract the effects.

SURGICAL GLEANINGS FROM RAUE'S RECORD.

H. V. MILLER, M.D., SYRACUSE, N. Y.

The following surgical items of interest are selected from the six volumes of Raue's splendid synopsis of homœopathic literature.

1. I find that a homœopathic surgeon successfully performed one of the most remarkable operations on record. It was the unprecedented removal of fifty-eight inches of gan-

grenous intestine in a case of strangulated umbilical hernia. The patient made a good recovery. Dr. G. D. Beebe was the name of the operator now deceased.

2. He also successfully performed an operation for spina bifida.

3. He reported his method of treating sprains, which consisted in

strapping the part as tightly as possible with adhesive plaster. This cured the worst cases in from five to seven days.

4. In Carbolic acid he claims to have discovered a remedy for a large proportion of cases of cancer after the excision of the tumor. He used the remedy both locally and internally

for several months. In three weeks with this remedy internally he claims to have cured a melanotic cancer on the loin.

5. Dr. Boyce found in Carbolic acid a valuable dressing for wounds, preventing suppuration even in bad cases and promoting the healing process.

THE SCIENTIFIC FUTURE OF HOMŒOPATHY.

S. SALTMARSH, M.D., KNOXVILLE, TENN.

[A Paper Presented to the Homœopathic Medical Society of Tennessee.]

The scientific future of homœopathy will be what we shall make it: a system of medicine, with superstructure firm as its base, complete in all its features; or, a composite so unfittingly framed together that it can only find place with absurd and effete theories.

It will command the respect of scientists through the beauty and fitness of its arrangements; its acceptance of *truth*, coming from what source it may; the wise adaption of it in the system, and by the elimination of error without regard to its origin, or, it will degenerate through the overlying of its excellencies, even where-ever it should command respect.

If we assume that its past is perfect; that we have no errors to confess and no mistakes to rectify; if we ignore the value, to us, of the results of scientific investigation; if, worse

than all, we fall into that evil, which through all time has been the bane of our profession, of swearing by names and acknowledging each our favorite as *authority*, from whose doctrine there is no appeal, the house will soon be divided against itself, and the arguments we have adduced against the old school men will come back upon us with resistless power.

Theorizing—speculation—is even liable to be erroneous. Deductions from established fact, though they be the emanations of the wisest minds, can never with safety be substituted for the fact itself. The names, the memory, the wisdom of the wise, both dead and living, should be cherished and revered. But *truth* is more than men or theories, and we must follow after and cherish *that*, though it be the destruction of all the gods in our Pantheon.

Infallibility should never be written upon our door-posts. "Searching for truth"—not as yet surely.

"Contention for theories" should be the motto of every true homœopath, as of every true man. "Instead of the fathers, must be the children." What the fathers gave and are giving, that is true will stand. Let us hold on to that with tenacity, and in a true scientific spirit labor to forge link on link in the enduring chain.

No system of medicine can stand *solely* upon its therapeutics. The art of healing is something more than a statement of "provings" and a collection of symptoms. Yet, practical homœopathy differs from other methods *mainly* in the therapeutics. The great importance, then, of making our materia medica reliable, distinct, sure, is self-evident.

This, we must all acknowledge, it is not now. So much, at least, is proven by the appearance of Hering's last publication. He would not have attempted to supply, what he did not see was a want and need. The student, if not the veteran, is overwhelmed with the mass of literature which the last twenty years have furnished. To many a young student in the old school it has been a stumbling block when from curiosity, excited by the harsh criticism of his teachers, he has turned to it to discover what this great medical heresy is that has called out so much indignation and ridicule. Our ranks might have been increased by additions worthy heartiest

welcome, and many of us would have more readily proved and applied the proper remedy, in obscure or unique cases, to the benefit of our patients and the increase of rich experience. There is too little bread for this intolerable amount of sack; too much chaff to search through for the comparatively few grains of wheat, although when found, it be of the finest and best. We have no algebratic process by which readily to determine the value of these unknown quantities in reducing them to an equation. It may "reflect against one's intelligence" that he cannot understand all that is presented him in involved form, but the imputation must be borne with what courage can be mustered and the plaint still go out for a little more simplicity and accuracy of statement. "Genius," said Dr. Wiley, "is ever modest, and science never dogmatizes;" and Victor Hugo said, in his quaint way, "that abstruse speculations contain vertigo." The so-called provings of our materia medica need thorough sifting; the form of the drug, in proving, determined, and the necessary conditions and relations of the prover. The value of a medicine can only be known when it has been proved by many different persons, at different seasons, in separate places; by clients of unlike temperament, and mental and moral states; and also by clinical experiment in *natural* and *artificial disease*.

It is obvious that the same drug in health and disease would act with differing force upon stolid, cold,

phlegmatic, and upon susceptible, ardent and sensitive subjects; between those who habitually use whisky and the weed, and the total abstinent from either or from both; while yet there may be, *and is*, a *constant* power manifesting itself under most circumstances which can ever and always be relied upon, according to the law of similars, with undoubted accuracy. Am I stating the case too strongly when I say, that following the indications of the books one may with a single polychrest feel himself "armed," and all points exactly *cap-a-pie*, for nearly any emergency; enabled to meet any symptom, whether primary or secondary, profound or superficial, obscure or obvious, that can be present. There is no necessity for stopping to "draw the picture of disease," or sound "key-notes." The provings not only justify but indicate the one remedy, and should the patient succumb, so much the worse for him, for the proving is patent and the homœopathic law is justification of the prescription.

"There are some men," Dr. Hale says, "who seem to have the power to evolve out of the simplest drug a terrible array of symptoms." And it is simply singular that he should have published in his Third Edition of New Remedies, ten consecutive pages of provings without a ° or *, which he takes pains to preface with the statement that they are unreliable.

I am dealing, purposely, in common-place, and will say a word on this abounding topic of discussion,

the potency. Two questions, at least, should be answered *definitely*.

1. Is the attenuation of any importance; and if so, in what does it consist?

2. Has the potency question anything to do with homœopathy *especially*?

The first is, eminently, a practical question, which we are bound for ethical reasons to answer. The second is desirable for scientific reasons, and for the avoidance of self-stultification. When we are charged with using "strong remedies," we reply that while we use the smallest amount of medicine that will cure, it has no bearing *per se* upon homœopathic principles; and this in the face of an assertion "that the only hope for genuine medicine is in the unprejudiced investigation of high potencies." When an allopath cures constipation with a small dose (to him) of Opium; or pneumonia with a dose of Phosphorus—from which we should shrink—we notify him that he has cured because he acted upon the principles of homœopathy, and in the same breath relegate to allopathic realms one who gives the same remedies in the 6th decimal attenuation. One affirms that he cures his patients pleasantly, promptly, and efficaciously with the 3d decimal dilutions mainly (excepting always *Lycopodium*, *Calcarea carb.*, etc.), another calls this bastard-homœopathy, quite devoid of honorable parentage. One boasts of his achievements by his constant use of potencies from the 200th upward,

"with excellent effects from the millionths, and determines to ascend in the scale of potency so long as a Fincke or a Tafel continue the good work of raising attenuations." The low-potency man calls this transcendental practice, and is ready to compare note-books to prove, even if true, its usefulness. I suppose that nothing will be said of the toxical or other direct injurious effect of either.

If the raised attenuations are practically superior, that should be shown; and then, *affirmed, not only as a part but an important element in the homœopathic system. It should stand as a scientific fact.* If it cannot be shown, and the low potency is equally as efficacious in cure, and no harm results—as suggested—then may we not ask as concerning the high attenuations *cui bono?* and the question deserves a substantial answer. So important a question as this, flippantly as it has been blown aside in essays, editorials, and the addresses of college professors, cannot remain unsettled with safety to the future status of homœopathy, in the eyes of the scientific world. If the high potencies can ever and always be used with greater benefit than the low, then we should know and act upon it. If not *constantly*, then if possible, the circumstances should be indicated under which they should be given; the great confusion concerning this should be reduced to order, the conflicting statements rectified—harmonized in the light of veritable fact; the antagonistic *feeling* suppressed and enlisted in

unprejudiced investigation. It is simply a matter of fact to be determined without any questioning of possibilities for which, that I may not be misunderstood, I will say there is no need, *or room.*

The future greatness of homœopathy demands that we determine the actual value of pathology, its real relations to practical medicine. There are two sides to this glittering shield, and it were idle to work discussion up to a white heat upon the question of its being gold or silver. It is nothing to the purpose to enquire whether Hahnemann did, or did not, discard pathology as worthless. It is, if to-day we are better prepared to save human life and suffering, and conquer disease through a knowledge of organic change and the effects of such change upon other organs and tissues; if by an orderly arrangement of pathological facts we are aided in the treatment of disease. Is it, e. g., of any value to discuss the existence of tubercle in its early stage even though we should be unable to discover in all our research any drug whose proving is "dullness on percussion," irregular respiration, vocal resonance or fremitus? In possession of such knowledge (tuberculosis) would not one be guarded in the adoption of measures by other suggestions than the cough or other like manifest symptoms? If so, he would so far be guided by a state, a morbid condition of the organ, and not alone by symptoms to which he had been led by the law of similars. Is it

nothing to differentiate diphtheria from other anginose lesions; to determine whether a cardiac trouble were organic or functional, fatty degeneration or muscular waste; to have an assurance whether a gastric case upon one's hands were cancer, or ulcer of the stomach? Are there not many cases—pardon the simplicity of my question—where pathology must be subservient to right opinion and consequently to right administration; and all this without any necessity of discarding any other truth, but only of uniting the golden links? To say that it is important to find the original seat of disease, the organs and tissues thereby affected, the manner of the disturbances and the nature of the changes, does not necessitate the formation of a “pathological school,” nor disturb the faith in Hahnemann's *fixed basic* law. It is no disparagement to the great founder to admit that the investigations and experiences of scientists since his day have advanced the profession and all science beyond his time and beyond his wisdom. He would tell us to-day that his decease was not the end of knowledge. He would say that the basis of pathology was as broad and strong and as reliable *in its place*, as the basis of symptoms; and that clinical experiences had given some of the choicest remedies in grave conditions, that had never been manifested, and in the nature of things could not be manifested, by any provings of the drug in health.

In giving pathology its place in the

structure of our system, we are by no means obliged to run into the refined theories of the schools, or into blind hypothesis that have no more value at the bedside in disease, than the “commandments of men” have in “opening the spirit's eye to see spiritual truth,” but we can be guided by it as the friendly light directs the mariner, nearing the shore in darkness, from the rocks into the channel and harbor of safety.

To homœopathists more than to all others it is given, in building up a symmetrical system, to determine to an extent as yet undeveloped the relation of mind to material organism in disease. The very genius of our system is spiritual, while the main tendency of our time is to a materialism. The microscope, which I would say in passing homœopathy cannot dispense with nor disparage, is more to our scientists than the power of intuition—direct spiritual perception by which we have good authority for saying “deep things are discerned.” A clear recognition of the mental and moral state of our patient may sometimes be of greater value in the selection of a remedy than the exact localization or character of a pain. *It* may be the “key-note,” if such a thing there be, to the *whole* treatment, and to success, and I will only add, that the man who is not conscious of the possession and activity of spiritual faculties can hardly succeed in discovering spiritual operations in his patient. “As in water face answereth to face, so the heart of man to man.”

And all this, let me say, is something more than preaching, though as I read it, it sounds awfully sermonical.

I have no fear for the future of homœopathy, but the sooner we begin to designate accurately the line of

progression and clear away the useless material that has gathered around its solid base, the more firm will be the rising superstructure and the more classic and acceptable its aspect.

SURGICAL CLINIC.—WARD'S ISLAND HOSPITAL.

PROF. WM. TOD HELMUTH, M.D., NEW YORK.

Reported by C. F. Ely, M.D., Chicago.

I have not recovered my voice entirely, gentlemen, as you will see, but I am proud to welcome you to this, our new amphitheatre, erected by the Board of Charities and Corrections of New York for our benefit. I think this is the only amphitheatre in a hospital controlled by municipal authority in the world, and the fact goes far to prove the success of homœopathic treatment and that the government is entirely satisfied with the results it has thus far presented.

CASE I.

The first case that I shall present to you to-day is the case which I operated on a few weeks since, of web-cicatrix. I was here on Tuesday and found the granulations were too exuberant, and then ordered the wound strapped. You will find, when granulations become exuberant and indolent, that strapping is beneficial. The patient also had severe pain in her elbow. We often have neuralgias following operations of this kind, and especially after resections and

amputations, the precise cause is not always known. It may arise from pressure on the nerves, or a nerve may have been pricked during the operation; or, as more frequently happens, a nerve may be embedded in the cicatrix, which, following the well-known characteristic of that variety of tissue, will, from its contraction, cause excessive pain, which is the case in this instance.

I once was called in consultation to Jersey City, to see a man suffering from neuralgia of the stump, following a thigh amputation made about three months previous. The wound had completely healed and the cicatrix looked healthy, yet he suffered intensely. He had taken many medicines, such as Belladonna, Cuprum, Cicuta, Ignatia, Hyoscyamus, Zinc, the Acetate of Copper, Morphia, and others of that class of remedies which act upon the nervous system, without relief. He was a great smoker, and as he stooped one day to light his pipe from a scrap of a French newspaper,

he read of a case of neuralgia of the stump, which had been cured by "eating onions." He immediately procured three large ones and ate them. He continued this treatment for several days and was able to sleep every night. Then his physician, Dr. Shelton, thought of trying *Allium cepa*, and prescribed the tincture with almost the same effect, which was continued until the cure was completed. This medicine, *Allium cepa*, which is the red onion, must be classed as one of the remedies for neuralgia of the stump, and it is well to recollect it.

This girl, by my prescription, ate two onions on Tuesday night and the chief-of-staff informs me that she slept better that night than any since the operation.

CASE II.

The next case that I shall present to you is one upon which I shall make an amputation at lower third of the leg. The patient is the man whom you saw operated upon for excision of os-calcis and the cuboid bones. Amputation means, the cutting off or the act of removing a portion of the body, and though generally restricted to the removal of either the upper or lower extremities or portions of them, it is employed also to designate other operations such as "amputation of the breast," "of the penis," "of the tongue," and other parts. By disarticulation it is understood the removal of a limb at its articular surface which operation is also designated "*an amputation in contiguity*." When amputa-

tions are made through the shafts of bones "*in continuity*" is the expression used. When two of the extremities are removed at the same time a *double amputation* is made, and when it becomes necessary to remove a limb a second time it is said to be *re-amputated*.

It has been said by some that amputation is the *opprobrium medicorum*—the disgrace of medicine—because of the fact that the member has to be removed, showing the inability of medicine and of doctors to cure the disease. I know homœopathic physicians who say that operative surgery is the *opprobrium medicorum*. I say that amputation, rather than being an opprobrium, is an honor to our science. It is certainly the duty of the surgeon to save life; and when, from the destructive effects of injury or disease, it becomes necessary to remove a portion of the body for such an object, and the surgeon is brave enough to say "you must have this removed to save your life," and then does remove the part or parts with success, then amputation appears in its proper light, besides it is an absolute neglect of duty to passively let a patient die without operative interference, when there is a reasonable hope of success offered by the removal of parts. To perform an amputation requires some mechanical skill but to *decide* upon the question of amputation requires *wisdom* and *knowledge*.

It is, however, the imperative duty of the surgeon never to have recourse

to this serious and sometimes fatal operation, without a perfectly clear and fully substantiated conviction of its necessity; it should always be regarded justifiable only when farther attempt to save the injured or diseased part would be fraught with danger to the life of the patient. Even when fully conversant with his profession, the surgeon will often find himself placed in a most responsible and delicate position, as where a part is involved and there is hope that the operation may be avoided, as well as great danger that delay may render it impracticable or futile. The removal of portions of the body is of ancient date. The circular method dates its origin from the time of Celsus. According to the old method of Celsus, all the parts were divided at once down to the bone, which was sawn through and the parts seared with a red-hot iron, or covered with boiling tar. But in this way it was found impossible to preserve skin and muscle enough to make any kind of a stump. In 1718 Petit and Cheselden practiced a division of the soft parts by two separate circular incisions, dividing the integument and fat down to the aponeurosis; the skin was then retracted and the muscles divided somewhat higher up by a second circular cut. To this Sir Benjamin Bell added the advice to dissect the muscles from the bone for some distance so as to be able to use the saw higher up. In 1779, Alanson, of Liverpool, somewhat modified the operation by cutting the muscles

obliquely. Then Sir Benjamin Bell and Hey (the man who invented this little saw I hold in my hand), perfected the operation as it is performed at present, viz., the circular incision through skin and fat, the dissection of this skin flap—turning it backward as you would turn up the cuff of your coat, and then the division of muscle down to the bone in a somewhat oblique direction.

The flap amputation was introduced long after the circular—the credit belongs to Liston, of England, for having systematized it and bringing it into practical use. This, of course, was in the pre-anæsthetic period, and time to the sufferer was everything; minutes were hours and seconds minutes, and the flap operation being made with great rapidity was in great favor. It was also considered that the flap operation afforded a better cushion for the end of the bones, but experience soon showed the peculiar fact, that the more muscular tissue involved the greater the contraction and that the large extent of wound and the tucking in of flaps often produced bad results. A remarkable discussion then took place in Edinburgh between the “flappers” and the “anti-flappers.” Sir Benjamin Bell being a “flapper” and Sir John Bell an “anti-flapper.” We have both methods now and they both subserve their ends. The question as to when to use the circular and when the flap your wisdom and knowledge will lead you to a decision. There is at present, however, a *mixed amputation*

introduced by Young, I think, but modified by Carden. It is a modification of the circular and the flap. I shall show it to you to-day.

I shall make two lateral oval skin-flaps and then with a sweep of the knife, introduced at its heel, I shall cut the muscles at right angles, this will give better opportunity to take up the vessels. It is not always necessary to have *perfectly healthy flaps* to have a good stump. If the integument is scanty, or diseased, or of brawny tissue infiltrated with serum, "you must make the best of them, as I shall have to in the case before you.

The patient now being entirely under the influence of the anæsthetic, Esmarch's bandage is secured in the usual manner. I find the tissues very much infiltrated, you will observe how the serum pours out, running a stream. I make an oval incision thus [illustrating] on one side, and I make a similar one on the other side; now I have [dissecting] my two lateral flaps. With this small cathling, and introducing it at its heel, I make a circular incision around the entire limb cutting down to the bones. I then pass the knife between the bones, separating

any tendons or cartilages, and introduce a three-tailed retractor, dropping the middle tail between the bones and carrying the other two around the tissues drawing them upward. I now place the heel of the saw in the fibula, dividing it, and now the tibia. I make a see-saw motion, drawing it firmly up. In sawing through two or more bones, divide the smaller one first, as the jar of sawing through the larger one first might splinter the smaller.

I examine the ends of the bones for any spicula which, if I find any, I will remove with the bone-forceps. The arteries will now be tied and the Esmarch's bandage will be removed.

(Upon attempting to ligate the vessels they broke off several times. They were however securely ligated.)

These vessels, gentlemen, are very soft, the ligature has been applied several times and has cut through immediately. I think there is an atheromatous condition of the arteries. The patient will be removed and the parts will be sprayed with Carbolic acid solution and then the flaps will be drawn together with the requisite number of sutures, and Lister's dressing applied.

PHOSPHORUS FETID STOOLS.

"The kind of feter, in bowel diseases, that calls for this remedy is exactly the kind of smell given off by lime that has been used at the gas

works, to run the gas through to purify it of sulphur and other impurities."—*R. R. Gregg in N. Y. Transactions, vol. xiii., page 134.*

THE RATIONALE OF HOMŒOPATHIC THERAPEUTICS.

T. F. POMEROY, A.M., M.D., DETROIT, MICH.

Read before the Detroit Institute of Homœopathy, March 13, 1878.

Every student of the homœopathic materia medica must have observed the universality of the relations that each and every drug embraced in it, sustains to the human organism. So apparent is this, that to every casual observer even, and to every tyro in its use, this fact presents the chiefest difficulty in the way of a complete and satisfactory understanding of it, and the greatest obstacle to a correct application of it in practice. Regarding our materia medica in its entirety, the individuality of each drug is lost in the magnitude of its comprehensiveness, and it is only through the most diligent study of its component parts, supplemented by that knowledge which a bedside use alone of it can supply, that the characteristic individuality of each drug may be recognized. In this respect resembling most closely, and significantly too, the study and knowledge of the organism to which it is sought to be applied and of those phenomena whereby it manifests itself to the outer world. Most conspicuously is universality of relation observable in the polychrest, and in the so-called anti-psoric, remedies, and proportionately so in all the rest of the proved drugs embraced within our recognized materia medica. The immense range of action of *Calcarea carbonica*, and of *Sulphur*, both pathogenetically and therapeutically, and of *Belladonna*, *Bryonia*, *Mer-*

curius, *Nux vomica* and *Pulsatilla*, in a more limited sphere, supplies ample illustration of what is true of all the rest, in a greater or less degree, and which an every day observation abundantly verifies.

This fact which I have thus briefly introduced to your notice, and which is so amply and so readily recognizable, is a most significant and important one as it demonstrates the action of universal and invariable law, which in turn is predicated upon fundamental and natural principles, those principles that determine the relations and the phenomena of the universe in its most restricted, as well as in its widest aspect. A consideration of these *in-extenso* would be out of place at this time, and in such a paper as this. I have referred to them only for the purpose of their recognition in what I shall have to say in the illustration of my subject. When we regard the fact that the human organism must necessarily hold only those constituent elements that are common to the mineral and vegetable kingdoms in nature, the point of my reference will be readily comprehended, and the necessity for their most intimate relationship recognized. Just as truly then as in chemical analysis and combination, must pathogenetic and therapeutic relations be dependent on the action of general laws.

The fact that the various products

of both the mineral and vegetable kingdoms, from the identity of their constituent elements, are capable of materially changing the action and the conditions of the animal economy, and this uniformly and invariably, abundantly determines the agency of general laws in promoting this disturbance; and, the fact that these same products, differently applied, are also capable of restoring similar disturbances to the normal standard, still farther, and more emphatically, proves that it is only through the requirements of natural laws that the human organism may be affected in its relations to health, as to every other relation that constitutes life. It must follow from these premises that any system or method of therapeutics, to be a natural one, must conform, proximately at least, to exact laws, and be controlled by their action, and to that degree become exacting and exclusive.

It is a significant fact that the pathogenetic action of drugs is diffuse and not concentrated, as it establishes the universality or catholicity of that action through symptoms which though diverse in their manifestations, are nevertheless capable of harmonious arrangement and association. It is through this capability that pathological conditions are recognizable, and that therapeutic relations are established. Symptomatic phenomena then, rather than the apparently resultant pathological state, supply the true indications for therapeutic guidance, thus completely overthrowing the fallacy of homœopathic prescrip-

tions at least, being predicated primarily, or mainly, upon pathological conditions.

The sphere of pathogenetic observation in relation to drug action must be the limit of therapeutic relation, or, in other words, as we observe the action of drugs pathogenetically, so must we apply them therapeutically. If any particular drug, or if groups or families of drugs, were found to develop only particular or specific diseases, and to have relation to none other, then indeed would the pathological condition be our guide to the selection of the remedy instead of the symptomatic phenomena, and the rationale of homœopathic therapeutics comparatively a simple one, and the diagnosis of diseases a certain guide to their treatment in a sense that it is not now. Inasmuch as drugs are not thus restricted in their action, but present phenomena oftentimes involving the entire organism, their therapeutic relations must be equally extensive and comprehensive.

A recognition of the fact that the relations of drugs to the organism, whether they be pathogenetic or therapeutic, are in accordance with natural laws and thus in harmony with all natural phenomena, with a knowledge of those relations, and of the methods of the proper application of drugs to the treatment of disease, carries with it all the requirements that are essential to the constitution of such a system as a science—a science of therapeutics—and therefore involving all the capabilities for combination

and re-combination that are found in the more exact sciences, mathematics, language, chemistry and music. The necessity for this harmonious combination of the symptoms of disease exists from the fact of their universality or catholicity, or, in other words, from the diffusiveness of their manifestation, as is the case with words, figures, and musical notes. Any system of therapeutics that thus conforms to the requirements of scientific relationship cannot in any sense, nor in any degree be regarded as sectarian; nor can its fundamental principles, or its elementary laws be the subject of opinion, or of private judgment, any more than can those of the sciences that have already been named, but, like those sciences that are not absolutely exact, like mathematics, it is susceptible of greater development, and of more complete manifestation, but nevertheless imperative and arbitrarily exacting as to all those elements that make of it a science. Catholicism is here, as every where else, in opposition to sectarianism, and as science is in the general catholic, and of universal application, so must it be in the particular; but, catholicity does not tolerate license, nor even perfect freedom of action, or liberty of opinion, but rather, precludes both inasmuch as it demands the strictest adherence to definite laws, and in each department of science to those laws that govern its relations. Thus, the science of language, oral or written, is constructed from an infinitude of combination of words in accordance with its inherent rules;

and the science of mathematics, from a similar combination of figures, signs, and symbols, in the strictest conformity to its rules; and the science of music, from a like combination and re-combination of a few simple notes into melody, harmony and sentiment, from obedience to equally exacting rules. So also medical science, which comprehends pathology and therapeutics, is, from the homœopathic standpoint, the resultant of an indefinite series of combinations of otherwise incongruous and inharmonious symptoms, and this too in conformity to inherent and definite laws. In obedience to these laws we find symptoms arranging themselves with groups representing and embodying individual drugs on the one hand, and distinct diseases, or definite pathological states, on the other; a process that finds its analogues in the three great kingdoms of Nature, the mineral, the vegetable, and the animal, a a crystalization of kindred elements into a homogeneous whole, a combination of diffused parts into harmonious relationship in accordance with definite and unvarying law.

The adaptation of the correspondences of these two modes of grouping diverse symptoms in drugs and in diseases, constitutes the much vaunted, the much ridiculed and the much purated system of homœopathic therapeutics, symptoms that in both instances spring from a common cause, a disturbance of the equilibrium of the vital forces, and which tend to a common result, a restoration of that

equilibrium. For although symptoms are the exponents of pathological conditions, presenting the phenomena of disease, they are also the faithful indices of Nature's reaction against it, and thus as truly presenting the phenomena of recuperation, and this whether they are the product of drug action, or of the ordinary causes of disease. Thus are they the physicians' truest allies, inasmuch as they direct him unerringly to the character and conditions of disease not only, but also to the methods of combatting it through those phenomena that are common to both pathological conditions and to recuperative action. This cardinal feature of our therapeutics—the common mission of *all* symptoms—with the comprehensiveness of drug action, supplies the means for the systematic arrangement of symptoms into groups representing both individual drugs and distinct diseases.

It has been truly observed that "order is Nature's first law." The systematic arrangement of mixed and incongruous material is the first and most important step toward the establishment of scientific relationship; wherever this is competent, and to a good degree accomplished, we have the requisite basis for a distinct science, one that is susceptible of progressive development, the existence of which cannot be ignored nor can it be set aside, and one that is not amenable to opinions, or to belief, and this, because it has its foundations deeply laid upon laws and principles

that are universal and invariable.

Applying these principles to medicine, it is conclusively apparent that in homœopathy we have all the elements of scientific relationship inasmuch as it fulfills all the conditional requirements for the establishment and development of a distinct science.

The points that I have sought to make and to establish in this paper may be briefly summarized as follows:

1. The universality of drug action as established through the proving of drugs both pathogenetically and clinically, by the diffusiveness of the symptoms that are thus created and made manifest.

2. The evidence, both analytically and synthetically, that is thus afforded of the agency of natural laws in their production.

3. That symptoms, like words, figures, musical notes, and chemical elements, are susceptible of order, and of systematic and harmonious arrangement—crystalization—through the agency of natural laws.

4. That symptoms are at once the exponents of recuperation, of pathogenetic action and of pathological conditions; and moreover, that they furnish the only basis for therapeutic guidance.

5. That a system of therapeutics that recognizes and acts in harmony with these requirements is necessarily scientific.

6. That scientific relationship does not admit of the largest liberty of action or freedom of opinion, neither does it tolerate license on the one

hand, or sectarianism on the other.

7. Homœopathy fulfilling all these obligations and embodying all these elements, is consequently scientific and non-sectarian, and eminently catholic.

Finally and inferentially: In order to avoid the force and the legitimacy of the foregoing conclusions, it is necessary to take from the formula, "*similia similibus curantur.*" the

authority of a *law* of cure, and ascribe to it only that of a "general guide in the selection of remedies," as is done by those who seek to bridge over the chasm that separates homœopathic from allopathic and eclectic therapeutics, that the advocates of "rational and liberal medicine" may consistently pass to the therapeutic methods and usages of those schools.

ARUM TRIPHYLLUM.—TOOTHACHE.

CLARENCE WILLARD BUTLER, M.D., MONTICELLO, N. J.

February 3, 1878, while visiting in western New York, I added to an already severe "cold" by being obliged to wade around in deep snow; the horse which I was driving being "stalled" in a snow drift.

Feb. 3d.—I suffered from neuralgic pains through the head, coryza, smarting and rawness at posterior nares, hoarseness, etc., for which I took Nitric acid with but little benefit.

Feb. 5th.—At 5.30 P. M. I started to go home by cars but on arriving at Syracuse at about eight o'clock, I was in such pain that I stopped over there, not wishing to risk adding to my unpleasant and painful symptoms by a night on a sleeping-car. Here I drove directly to the office of my good friend, Dr. H. V. Miller, and requested him to prescribe for the following condition: A decayed and broken molar in my lower jaw, left side, was aching, a

hard, continual pain, which had been much relieved (as had my general condition) by getting my face (and myself) very warm, while in the cars. From this point some fugitive pains extended to the eye, temple and throat. A hard pain, not sharp, was felt at location of the left tonsil. Continual soreness and pain in the larynx, worse *when talking* and when swallowing. Voice *uncertain*. Could only speak with a decided effort. Nose obstructed, notwithstanding a considerable watery discharge. On examination, no inflammation in the pharynx or about the tonsil. Touching the tooth caused pain along the whole left side of the lower jaw, not very severe.

Arum triphyl. 200, was given, with directions to take every two hours till better. In half an hour after the first dose, without having been able to

avail myself of the palliative influence of warmth, the pain in the tooth ceased and has not returned since. Three doses of the medicine were taken that night.

Feb. 6th.—After a good night's sleep, I found myself better in every respect. Voice still hoarse but decidedly improved.

Feb. 7th.—Continued improvement. Hoarseness quite disappeared in the course of the day. Improvement continued to a pleasant recovery without a change of medicine. (The dose had not been repeated since the first night).

I report this case particularly on account of the prompt relief afforded to the toothache. On consulting Allen's *Materia Medica*, vol. i., p. 503, I find symptom 86 to read: "toward evening toothache in left side of lower jaw in decayed teeth³." Symptom 87, "tearing toothache on left side disappearing in ten minutes⁴."

When I took the remedy I did not know of its action on the teeth and expected no relief from the toothache, neither, unless I am much mistaken, did Dr. Miller look for this result.

I was disappointed, but not angry.

THE LAST DITCH.

GEO. E. SHIPMAN, M.D., CHICAGO.

The controversy of the last half century between allopathy and homœopathy has mainly turned on two points: the principle *similia similibus*, and, the infinitesimal dose. That the former is true—sometimes at least—may be abundantly demonstrated from allopathic writings; whoever denies it betrays a want of familiarity with medical literature quite inexcusable. As for the latter it may as well be conceded, at once, as will be apparent enough from the following article of Dr. Gailliard, translated from *L'Homœopathie Militante*, a medical journal published in Brussels:

POSOLOGY OF THE ACTION OF INFINITESIMAL DOSES.

Mercury, administered in infinitesi-

mal doses, cures syphilis, and according to M.M. Trousseau and Pidoux, infinitesimal doses of Mercury offer "curative virtue all the more precious as, in this form, Mercury preserves all its properties, while, at the same time, it presents none of those inconveniences with which it is justly reproached."

The knowledge of the therapeutic action of infinitesimal doses is of long standing and widely diffused. Let us listen on this point to the learned authors of the "*Traite de Therapeutique et de Matiere Medicale*."

"Prudent and experienced physicians," they say, page 205, vol. i., edition 6th, of their classic work, "fearing to administer Mercury under any form whatever to children and patients much debilitated, without some interme-

diary means, have used it mediately and have caused it to be absorbed by the females of animals and by women, whose milk assumed the precious specific virtues of the Mercury, which lost none of its curative properties, while, at the same time, it presented none of the inconveniences with which it has been justly charged. Thus Daumond applied Mercurial frictions to asses, cows and goats, and used their milk for patients to whom he thought proper to administer Mercury."—*Traité de Physiologie, de Jean Ferapie du Fieu, Lyons, 1763.* Assalini preferred the milk of a goat, to which he administered the milk internally.—*Essai Medical sur les Vaisseaux Lymphatiques, Turin, 1787.* Finally in the Foundling hospital at Paris, it has been the custom to treat syphilitic children by giving Mercury to the nurse.—*J. Colombier, Histoire de la Societe de Medicine, 1799, page 181.* This practice still exists in our day, not only in the Foundlings' hospital in Paris, but in nearly all large cities, and we have also adopted it in our treatment of children at the breast in the Hospital Necker.

At Paris, M. Damoiseau, invited by many physicians, opened an establishment where asses and goats were subjected to Mercurial frictions and to the ingestion of Calomel or the Sublimate; the milk of these animals was then sent out. M. A. Lebreton, one of the most distinguished accoucheurs of the capitol, has very frequent occasion to treat children, in this manner, and feeble women who could not support Mercury under any form.—*Journal des connaissances Medico-Chirurgicales, tome iv., page 200.*

This medicinal milk, according to the reports of the best chemists, only contains inappreciable, imponderable, infinitesimal quantities of the medicinal substance, utterly beyond the reach of reagents and revealing their presence

neither by the microscope nor the spectral analysis.

Dr. O. Kahler in his "Untersuchungen der Milch von Frauen während der Frictionscur," in the *Prag. Viertelj.*, 1875, tome iii., page 39, says that he also has sought for Mercury in the milk of women treated by inunction. He publishes three cases of syphilitic nurses submitted to Mercurial inunctions in whose milk he could not discover the least trace of Mercury.

And yet chemistry very readily makes known a very small quantity of Mercury. M. M. Petroz and Guibourg, chemists and members of the Academy of Science of Paris, have found Corrosive sublimate in the natural state in the 15th Hahnemannian dilution. On the other hand, Ch. Mayerhofer has examined with the microscope (120-200 lines) the Hahnemannian Mercurial preparations, and he has discovered molecules of Mercury in the 9th dilution, that is, he has seen the trillionth part of a grain of this metal. Drs. Rummel and Seguin have gained still more brilliant results by the use of the solar microscope which were afterward confirmed by the processes of the spectral analysis by Bunsen and Kirchhoff.

The quantity of Mercury, then, contained in Mercurial milk is infinitesimal:

And this infinitesimal dose acts more favorably than the massive dose.

It is the allopaths themselves who say so. *Dr. Gaillard.*

NEW PUBLICATIONS.

TRANSACTIONS OF THE THIRTIETH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY; Held at Lake Chautauqua, N. Y., June 26-29, 1877. New series. Philadelphia; 1877; pp. 763.

This is really the best volume of the Transactions that we have had for several years. Besides the very interesting proceedings of the meeting its pages are filled with an amount of practical and useful matter which is most creditable to the profession. There are five papers on Carbo vegetabilis; as many more (or one hundred and fifty pages) on spinal affections; four papers on uterine hæmorrhages; six on diseases and excision of the joints; three on physiology; one on psychological medicine; six on ophthalmology; four on gynæcology; six on pædology; one on sanitary science, and three on microscopy, or *forty-four* essays in all. The discussions appended to the reports of some of the bureaux are very cleverly given and will be read with great interest. Two of the bureaux (gynæcology and ophthalmology,) had extra and very profitable sessions, which are reproduced in the text.

The necrological report, which is for two years, records a loss of *nineteen* members, and gives the very sad, but precious details, concerning the life and character of all of them.

A memorial session for Dr. Carroll Dunham was held on the morning of

the second day; and the tribute to his memory are carefully preserved in this volume.

In brief, the whole production is something of which every homœopathic physician may justly feel proud. For it is a monument to the zeal of its members, and to the painstaking labor and promptness of its indefatigable secretary.

THE HEART AND ITS TROUBLES: Being an Epitome of the Functional and Organic Diseases of the Heart, and their Hygienic and Homœopathic Treatment. By GEO. LADE, M.D. London, Eng.: Homœopathic Publishing Co.

This is one of those small hand-books (one hundred and sixteen pages,) which our English brethren are writing lately, and which are adapted to the laity as well as the profession. The author calls it a semi-popular work and explains that "outside of the medical circle there are many persons, clergymen, emigrants, colonial merchants, farmers, missionaries, etc., whose positions or circumstances do not always permit them to consult a physician in times of illness." To such we can imagine this little book might be of really great use, if they are intelligent enough to comprehend it. But we confess, that a popular or semi-popular work on the heart and its diseases, is about the last we should think of writing. A plainly written work on the "Hygiene

of the Heart," or "How to Take Care of the Heart," omitting the technical names of diseases, would seem much more appropriate. However, to the busy physician, who has been well posted in the etiology and diagnosis of diseases of the heart, this book may prove a handy work of reference as to the common homœopathic remedies. We commend especially the chapter on palpitation of the heart, which gives the symptoms of the chief remedies in a very clear and concise manner. We do not find mentioned, however, one of the best of all remedies—Amyl nitrite, which acts very promptly in nervous palpitation, in the 3x dilution, by inhalation or by the mouth, or Lycopus, which is not excelled by any other remedy.

The two cuts showing the *exterior* and *interior* of the heart, are well executed. The glossary of medical terms is quite full and useful, if the laity use the book.

Altogether we like the book, and predict that will be popular.

E. M. H.

THE STEPPING STONE TO HOMŒOPATHY AND HEALTH. By E. H. RUDDOCK, M.D. Seventh American from the Seventh London Edition, with Alterations and Additions by the American Editor. Chicago: Halsey Bros.; pp. 259; \$1.25.

This handy-book opens with a few hints to the reader, following which are four chapters giving the history and advantages of homœopathy, observations on health, medicine, diet,

etc. Diseases, their causes, symptoms and treatment occupies eleven chapters, which is followed by a concise materia medica. The object of this little work is to provide a book for home use in the United States. It does not profess to be professional but rather aims to be a guide in emergent cases until professional aid can be summoned. Within its range, however, it is well written, and contains all the information necessary for family use. The low price will likewise commend it to not a few who do not feel able to pay for larger works.

GUERNSEY'S OBSTETRICS: The Application of the Principles and Practice of Homœopathy to Obstetrics and the Disorders Peculiar to Women and Young Children. By HENRY N. GUERNSEY, M.D. Third Edition. Philadelphia: Boericke & Tafel; pp. 1004; 1878.

Those who are acquainted with the former editions know well what to expect from this "revised and improved" work. The author has so well and truly indicated the extent and nature of the improvement that we quote from the preface to inform our readers.

The call for a third edition of my work on obstetrics, at the present time, affords me much gratification, and I feel well assured the improvements in this, over previous editions, will be satisfactory to the profession.

Since publishing the first edition my knowledge of the opinions and wants of our school has been constantly increasing, and it is exceedingly gratifying to know that the mass and strength of the profession demand more knowledge, more remedies, fuller indications,

and all other improvements that have stood the test of the light of science. It has been my aim to satisfy these demands, but to specify every improvement would be tedious and difficult. Suffice it to say, that all through the work matter that could be dispensed with has been expunged, and more useful material inserted. New remedies and their indications have been given, while old ones have been amplified and verified. New and valuable manipulations have been described, and an appendix added, the intrinsic value of which will greatly enhance the value of the entire volume. It is a matter of congratulation that the homœopathic school is making such rapid strides in the science and art of therapeutics. An increased confidence is expressed universally in the methods of practice, strictly medical, which were laid down in the first edition, and which were regarded by certain critics as chimerical. On the contrary, daily experience has only served to increase the faith of the profession everywhere in the efficiency of homœopathic medication in the most trying exigencies of life.

In the obstetric art, when mechanical means become necessary, the new ideas advanced in former editions are growing in favor, such as applying forceps to the breech, the management of placenta prævia, etc. From the first, my work has been based upon the principles of Samuel Hahnemann's *Organon of the healing art*, and the curative measures adopted are all in harmony with that greatest of text-books. The more the profession read and apply the teachings of this great book in their daily rounds among the sick, so much the more will they value my work on *Obstetrics and Diseases of Women and Children*.

I am indebted to my son, Joseph C. Guernsey, M.D., for his assistance in making many important corrections and for carrying the entire work through the press.

If every branch of the homœopathic practice were so ably treated of as is the obstetrical by this author, there

would be little call for the criticisms that are now so justly deserved in many directions. The "key-note" system taught by Professor Guernsey we have often found an admirable guide to the indicated remedy, and this is its purpose. Such a system is not intended to take the place of a study and knowledge of pathogenesis but to point to a certain source from which the "totality" will be likely to be discovered.

A TREATISE ON TYPHOID FEVER AND ITS HOMŒOPATHIC TREATMENT. By C. F. PANELLI, M.D., Naples, Italy. Translated by GEORGE E. SHIPMAN, M.D., Chicago, with copious additions. Chicago: Duncan Bros.; pp. 297; 1878; cloth, \$2.25.

This book is 16-mo., bound in cloth, containing 297 pages. A natural inference would therefore be drawn that the work was a very full treatise on typhoid fever. So it is, a most systematic, thorough handling of the subject by one who has had great bedside experience as well as book knowledge to draw upon. The author, in presenting the subject, has followed Jahr's method. The nature of the disease is first discussed; then follows ætiology, occupying about forty pages; symptoms from above downward, 80 pages more; succeeding this chapter the course of the disease is fully described, 20 pages; anatomical characters, 16 pages; prognosis, four pages; treatment, 38 pages; symptomatic indication, 45

pages. This last chapter is taken from Hering's excellent specimen of Analytical Therapeutics, and is a most valuable addition. In the chapter on treatment, dietetics and disinfectants are ably discussed—points that are too often neglected in many otherwise able monographs. Water treatment, indications for packs, their method of administration with numerous hygienic measures are sensibly summoned to assist the homœopathic remedy. The writers' recommendations as to dose are catholic enough to avoid on the one hand charges of mongrelism or the other "transcendentalism." In short the whole treatise is thoroughly loyal to homœopathy and to the healing art. The translator has evidently done the original justice and has made a happy choice of language, occasionally adding foot-notes of value, especially to readers in this country. The publishers may be complimented on their part of the business; the paper and binding, however, might be better, still, perhaps the price will atone for any lack of this nature. The work as a whole will be considered a very valuable accession to our practical medical literature. One criticism is truly deserving, viz., the subject is spread over too many pages. The translator has omitted all that justice to the original would permit. Still, the sentences are not terse, as we prefer them in medical writings, rather than full and rounded, at the expense of word multiplication.

The St. Louis Clinical Review: A Monthly Journal of Homœopathic Medicine and Surgery. PHILO G. VALENTINE, A.M., M.D., Editor. Vol. I.; No. 1.; \$2.

This magazine advances into the "journalistic realm with a free lance," with great hope and good spirits. It will allow moderate "tilts" at vexed questions, but if the war waxes furious, we take it that an element of peace will bear in the white flag, the carnage will be gathered up, and the arena swept for a new "sally." Editorially it delights mostly in the medium dilutions, and *believes* in the single remedy. It prophesies "unfair criticism, perhaps calumny," nevertheless "it is determined to win its way to the commendation of all by deserving it." The first number contains creditable matter. We wish the *Review* a successful history.

L'Homœopathique Militante.

Such is the title of one of our exchanges coming from Belgium. In his introductory the editor tells how homœopathy was introduced into Belgium fifty years ago, by Dr. P. J. de Moor; how it has borne all sorts of persecutions and insults in silence, acting always on the defensive, and then says, "Dating from this day we enter upon a militant course." He demands respect for the opinions and persons of homœopaths, a place in the hospitals, places in the University, places in the Academy. To obtain these rights he does not propose to temporize—time having failed to vin-

dicate the rights of the school he looks to it no longer; nor to manage and concede—this has been tried in vain and to the injury of the school; nor will he hope that his adversaries will yield to reason. All these have been tried and tried in vain. He sees but one remedy—the knife, and the knife to the hilt. “We must conquer our rights—strife is our portion; war, war to the bitter end; war without truce or mercy, but courteous; loyal, without personalities.

In concluding he quotes Virchow, saying that the century will see the end of the dogmatic current and medicine established upon the objective, and adds:

“The dogmatic current is the product of an accumulation of hypothesis of phrases.

The objective current is the product

of an accumulation of certain facts, in full knowledge of their evidence, without phrases.

Facts alone will determine science.

Now, as we have already said, the Hahnemannian pathology, the Hahnemannian materia medica, the Hahnemannian therapeutics, rest entirely upon facts.

And it is upon facts and facts alone that we shall found all our polemics with the phraseologists of the old school.

It is by facts that we shall sustain all our attacks upon the allopathic system, it is by facts that we shall establish all our demonstration of the positive principles of the new school.

And it is by facts alone that we must be answered, or we shall not allow ourselves to be diverted by special pleading.”

LAPIS ALBUS.—WHAT IS IT?

A perusal of Dr. B. F. Dake's article on *Lapis albus*, in the *AMERICAN HOMŒOPATHIST*, for March, 1878, leaves me in utter confusion as to the identity of that substance. It was my previous impression that it was gneiss, and Dr. Dake says that our only provings are observations of the effects of the “waters running over the granite and gneiss-abounding rocks.” But

he also says that “according to Buchner, *Lapis albus*—Dolomite—is composed of * * Carbonate of Magnesia and * * *Calcareo sulph.*,” which is neither Dolomite (as I understand it,) nor gneiss. Will the Doctor please “rise and explain,” and tell us what the constituents are from which he took the hint.

Vinton, Iowa.

J. J. Davis.

MEDICAL MEMORANDA.

ITEMS OF INTEREST.

The class at the Spring Term at the Hahne-mann medical college numbers forty-five students.

Part V. of Hoyne's Clinical Therapeutics will be ready for delivery in a few days. This Part completes Volume I. and is somewhat more plethoric than its predecessors, containing about 150 pages, which is in part accounted for by a copious index.

Prof. E. M. Hale, M.D., author of Lectures on Diseases of the Heart, and a new work on The Treatment of Sterility, (now in press,) will, hereafter, in addition to his general practice in the city, pay special attention to cardiac diseases and the diseases causing sterility.

The New York Ophthalmic Hospital corner Third avenue and Twenty-third street, present the following report for the month ending Feb. 28, 1877:

Number of prescriptions.....	3412
Number of new patients.....	463
Number of patients resident in the hospital.....	37
Average daily attendance.....	148
Largest daily attendance.....	209

We have received a sample package of Smith's Alkethrepta—homœopathic chocolate. This is recommended by our most distinguished physicians as not only a harmless beverage but as absolutely nutritious and healthful. Indeed, it does make a delightful drink, and should entirely take the place of the ordinary chocolate and encroach largely upon the use of tea and coffee.

The Fifth Homœopathic Congress of Paris, will be opened Aug. 6, 1878, during the French exposition, and close on the 13th, unless the members see proper to prolong the session. The committee of organization request those who intend to take part in this congress to present the questions to which they wish to call attention, at an early date. All members, letters or communications sent to the committee should be addressed to its secretary,

Dr. V. Chancerel, No. 98 Rue du Faubourg, Poissonniere, Paris. As soon as the papers are all received the secretary will arrange the programme and send a copy to each correspondent. All homœopaths are cordially invited. The invitation is signed by Teste, Prest., Bourdas, Gounard, Heermann, Jousut, Leon, Simon and V. Chancerel, secretary.

At a meeting of the Homœopathic Medical Society of the County of New York, held on the 8th of February, the following preambles and resolution, reported by Drs. Minor, Lillienthal, Dowling, McMurray and Burdick, were adopted:

WHEREAS, There are some physicians who by injudicious action have bred dissension in our ranks, in which the utmost liberty of opinion and action should always prevail; and,

WHEREAS, We deprecate such action as neither conducive to professional harmony, nor tending to the advancement of medical science; therefore,

Resolved, That in common with other existing associations which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare that although firmly believing the principle "*similia similibus curantur*" to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolable right of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care.

Archives de la Medicine Homœopathica, is the title of a Spanish homœopathic journal published monthly at Barcelona. The last number contains papers by Dr. J. P. Mills, Dr. Vilas, and the first chapter of Prof. E. M. Hale's monograph on dystocia. In the editorial we find the following notice—(the

translation made by Dr. Hale's daughter): "Functional Dystocia. The eminent and learned writer, Dr. Hale, professor of materia medica in the homœopathic college of Chicago, has written a valuable monograph with the above title, containing important notes upon this disorder; and recommends remedies little known in our older continent. This work proceeding from a so celebrated practitioner, will be of great utility to homœopathic practitioners and their clientele. The said author has had the amiability to send us his estimable work, and we out of favor to the readers of *Los Archives*, insert it in its columns, having encharged its translation to our worthy co-laborer, Dr. Salvio Almato. We regret that we cannot yet give a notice of another and not less estimable work of the said author, upon Diseases of the Heart and their Homœopathic Treatment, which our worthy co-laborer and friend the distinguished homœopathic physician, Dr. Juan Mona, has translated, now being printed in this city (Barcelona). Nevertheless we hope to be able to do so in our next number. Dr. Juan Mona whose name we have just cited as the translator of Diseases of the Heart, by Dr. Hale, who until now has resided in Tortosa has removed to Valencia. We hope much prosperity for him."

MINNESOTA STATE MEETING.

The Twelfth annual session of the Minnesota State Homœopathic Institute, will be held at St. Paul, Minn., on the 14th and 15th, of May, A. D., 1876. The following bureaux and committees were appointed at the last meeting:

Materia Medica.—Drs. J. A. Pierce, Winona; W. H. Leonard, Minneapolis; H. Hutchinson, Northfield; E. Walthers, St. Paul.

Clinical Medicine.—Drs. C. D. Williams, St. Paul; Z. B. Nichols, Faribault; C. S. Weber, St. Cloud.

Surgery.—Drs. D. M. Goodwin, Minneapolis; W. H. Caine, Stillwater.

Obstetrics.—Drs. J. T. Alley, St. Paul; Adeline Williams, St. Charles.

Gynæcology.—Drs. A. E. Higbee, St. Paul; Mary L. Swain, Minneapolis.

Diseases of Children.—Drs. A. L. Dornberg, Mankato; W. A. Allen, Rochester.

Diseases of Eye and Ear.—Drs. G. H. Hawes, Hastings; P. Nelson, Minneapolis.

Diseases of Urinary Organs.—Drs. A. L. Mahaffey, Minneapolis; W. W. Waugh, Faribault.

Contagion.—Drs. D. H. Roberts, Owatonna; J. C. Schell, St. Paul.

Climatology.—Drs. W. H. Leonard, Minneapolis; J. N. Wheat, Austin; D. Silliman, Hudson, Wis.

Fevers.—Drs. P. L. Hatch, Minneapolis; J. M. Saunders, Dodge Centre; F. L. Richter, Fargo, D. T.

Psychological Medicine.—Drs. W. H. Leonard, Minneapolis; Adel S. Hutchinson, Minneapolis; C. D. Williams, St. Paul.

Executive Committee.—Drs. J. T. Alley, St. Paul; P. L. Hatch, Minneapolis.

Publishing Committee.—Drs. D. H. Roberts, Owatonna; E. H. Grannis, Menomonie, Wis.

THE CHICAGO CLINICAL SOCIETY.

The Chicago Clinical Society of Hahnemann hospital met at the Grand Pacific Hotel, on the evening of April 3. Dr. Hawkes in the chair. Dr. C. H. von Tagen read a paper on "Staphyloraphy or Cleft Palate," which paper discussed the method of operation upon and after treatment of the malformation. Dr. A. E. Small introduced the following resolution:

Resolved, That in common with other existing associations which have for their object the maintenance of true principles, and especially those which relate to medicine, we declare our firm belief in the *similia similibus curantur*, as the only sure guide in the selection of remedies with which to cure any and every case of disease. This belief renders a recognition of all therapeutic measures inconsistent with this law of cure as at variance with German medical science and the interests of the sick.

After a discussion of Dr. von Tagdn's paper, the meeting adjourned to the first Tuesday in May.

CHICAGO HOMŒOPATHIC COLLEGE.

The second annual commencement exercises of the Chicago homœopathic college occurred on the evening of April 3d, at the Clark Street Methodist Episcopal church, in the presence of a very large audience. The members of the faculty occupied seats on the platform, and the exercises began promptly at the hour, with prayer by Rev. Dr. Spencer. The address of the president, J. S. Mitchell, A.M., M.D., followed. The speaker reviewed the history of the college, and felt assured that its record in the past presaged a brilliantly successful future. At the conclusion of the address, degrees were conferred upon twenty-seven graduates of the new institution. The valedictory was delivered by Prof. R. N. Foster, M.D., and was succeeded, after music, by A. W. Blunt, M.D., the class valedictorian, who acquitted himself in a highly creditable manner. At the conclusion of the exercises the faculty and class, with their friends, adjourned to the Palmer house, where a splendid banquet was discussed. Following is a list of graduates: Theodore Anderson, England; T. W. Bartlett, Iowa; Arthur Blunt, Illinois; Perry Bowman, Iowa; T. N. Englehard, Denmark; D. E. Forestall, Iowa; Louis Goeschel, Illinois; Carrie A. Goss, Wisconsin; Augustus G. Groman, Indiana; M. Jasper Hill, Illinois; Alfred P. Hanchett, Illinois; Corah H. Kennedy, Illinois; Martin Krider, Indiana; Charles H. Long, Illinois; H. C. W. Myers, Prussia; L. M. Mings, Pennsylvania; Clifford Mitchell, A.B., Illinois; Clayton W. Myers, Iowa; M. C. Morse, Illinois; Annie M. Parker, Illinois; W. H. Polglase, Michigan; Ellen M. Porter, Michigan; J. Matthew Shea, California; W. M. Wilke, Illinois. *Ad eundem*: C. L. Kock, D. Leonard Pratt, Dr. Hart.

PERSONALS.

Dr. W. H. Stiles has located at Lexington, Ill.

Dr. W. A. Misick has located at Monticello, Iowa.

Dr. E. Peters has removed from Danville to Bismark, Ill.

Dr. H. C. F. Perlewitz has located at Ahnapee, Wis.

Dr. S. C. Hobson has removed from New Providence to Liscomb, Iowa.

Dr. F. M. L. Coquellette has removed from Hopkinton to Nugent's Grove, Iowa.

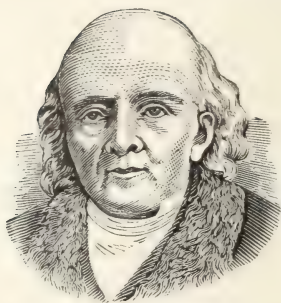
INDIANA INSTITUTE,

The Twelfth annual session of the Indiana Institute of Homœopathy will commence in Indianapolis, May 21, 1878, at 10 A. M., and continue two days. The growing interests of homœopathy in the United States and especially in Indiana demand the presence of every member at this meeting. From the lessons of the past, and the indicated dangers of the future, we are imperatively admonished to be up and doing. We must have thorough organization and a unanimous concert of action. Every homœopathic physician must do his duty. The sessions heretofore have been very profitable to the profession, as many can testify who were in attendance or have since read in our journals the valuable papers and discussions of the Institute. Not later than April 15, 1878, the title of each paper to be read should be sent to the secretary, that a complete schedule of the same may be published. The last session was a great credit to the Institute, and it is the earnest determination of those who were present to make the next session even better than the last by active co-operation. The bureaux are well-manned and an interesting and profitable time is expected. The profession are cordially invited to enhance the value of the meeting by contributing a thesis on any medical subject, or by reporting cases from practice. Please inform the secretary, Moses T. Runnels, M.D., Indianapolis, Ind., of your intention to be present.

WANTED.

We want about fifteen copies of the November issue. Twenty-five cents will be paid, or we will send a binding case for Vol. I., post paid, in exchange.

PUBLISHERS' PARAGRAPHS.



APRIL, 1878.

The AMERICAN HOMŒOPATHIST is issued on the first of every month; each number contains forty-eight pages of fresh, scientific, and above all *practical* reading matter; it is a live, progressive and thoroughly loyal homœopathic journal; it eschews all disputations, and aims to furnish only practical literature such as would be of value to the earnest student and to the physician at the bedside of the sick. Its value as an advertising medium is best attested by the large and increasing patronage we have derived from those who can bear testimony on this point from practical experience. From time to time we shall add new features, which we hope will be considered improvements. The subscription price will remain at two dollars a year, although prompt payment will be insisted upon. Six numbers constitute a volume. Volumes commence with the July and January numbers.

—

All articles for publication should be addressed to the editor, J. P. Mills, M.D., 125 Western avenue, Chicago. Subscriptions, advertisements, etc., to A. L. Chatterton & Co., 121 Dearborn street, Chicago, or, 23 Park Row, New York.

All postage is prepaid by us.

Subscription, two dollars a year.

Always state with what issue you desire your subscription to commence.

Subscribers who have not received *all* back numbers, will confer a favor by informing us immediately.

Postage stamps of the 2-cent or 3-cent denomination may be used when necessary to remit fractions of a dollar.

Subscribers wishing to bring the HOMŒOPATHIST to the notice of their friends, can have *specimen copies without charge* mailed directly from this office, by sending the address to us.

The receipt of subscription will be acknowledged by sending the HOMŒOPATHIST to the address of the person ordering it.

In addressing the publishers, please give your Post Office, County, and State, with name of street and number (if any), in full.

In remitting for single subscriptions it will usually be safe to send in a *well-sealed, plainly-directed* envelope; but in sending larger sum always procure a Post Office Money Order or send in Registered Letter.

Persons ordering a change in the direction of this journal must give both the *old* and the *new* address in full. No change can be made after the 25th of any month in the address of the journal for the following month.

Subscribers will oblige us by renewing their subscriptions a short time before they expire. This saves us the labor of erasing the names and re-entering them upon our books, and also insures the prompt receipt of the journal by the subscriber.

Subscribers and correspondents will confer a favor by being particular in writing their name plainly. Care in this respect will save us much time in deciphering illegible writing, and prevent many annoying and unavoidable mistakes. Names and places familiar to the writers are not so to us; a little care on the part of the writer would save us much valuable time.

SHARP & SMITH,

MANUFACTURERS AND DEALERS IN

Surgeons' Instruments

AND

PHYSICIANS' GOODS.



WESTERN AGENTS FOR
Geo. Tiemann & Co.'s Celebrated Surgical Instruments,
 And Jerome Kidder's Batteries,

Manufacturers and Importers of

ALL KINDS OF SURGEONS' INSTRUMENTS AND APPLIANCES

FOR THE

Mechanical Treatment of all DEFORMITIES, Debilities, and Deficiencies of the Human Frame.

ARTIFICIAL ARMS AND LEGS.

No. 100 RANDOLPH STREET,

Between Clark and Dearborn Sts.

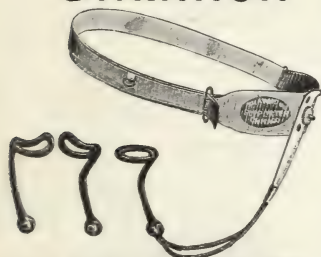
CHICAGO.

INSTRUMENTS AND BATTERIES REPAIRED.

YOU SHOULD TRY

One of these Supporters if you wish to benefit your patients. Remember, I will take back any instrument that is not satisfactory to both patient and physician after one week's trial, if it cannot be made satisfactory by changing the ring, and will cheerfully and promptly refund the money. PLEASE DO NOT FORGET IT. *Send for Circular.*

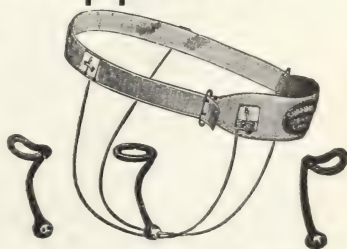
Shannon Uterine Supporters



SELF-ADJUSTING SUPPORTER.

For the Successful
 Treatment
 of all
 Displacements
 of the

WOMB.



ELASTIC SUPPORTER.

J. S. Shannon, 27 Washington St., Chicago.



The attention of the medical profession is invited to this instrument as the most perfect ever invented for treating Prolapsus Uteri, or Falling of the Womb. It is an Abdominal and Uterine Supporter combined.

The Abdominal Supporter is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

The Uterine Supporter is a cup and stem made of very highly polished hard rubber, very light and durable, shaped to fit the mouth of the womb, with openings for the secretions to pass out, and which can be bent to any curve desired, by heating in very hot water.

The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic adapt themselves to all the varying positions of the body and perform the service of the ligaments of the womb.

The Instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer in all cases of Anteversion, Retroversion, or any flexion of the Womb, and is used by the leading Physicians with never failing success even in the most difficult cases. **Price—To Physicians, \$8.00; to Patients, \$12.00.**

Instruments sent by mail, at our risk, on receipt of price, with 16 cts. added for postage; or by Express C.O.D.

Dr. McIntosh's Natural Uterine Supporter Company,
296 West Lake Street, Chicago, Ill.

Our valuable Pamphlet, "Some Practical Facts about Displacements of the Womb," will be sent you free on application.

Wanted.

We will pay twenty-five cents, or, will send a binding case free, for the November number (1877,) of the *HOMOEOPATHIST*. Address, A. L. Chatterton & Co., 121 Dearborn Street, Chicago.



The best kind of work at reasonable rates. Cuts for Druggists' Labels, Surgical Apparatus, etc. a specialty.

C. H. VON TAGEN, M. D.,
SURGEON,

Graduate, 1858.

*GIVES Special Attention to Surgery
in General, including specialties.*

OFFICE AND RESIDENCE,
No. 8 Kentucky Building, Corner Clark and Adams Sts.

OFFICE HOURS.

7 to 11 A. M., 3 to 6 P. M., and after 7 P. M.

Available at all hours of the night.

Worthy and Charitable cases will receive due attention.

ESTABLISHED 1865.

H. D. Garrison, M.D. H. F. Clark. A. L. Clark, M.D.

GARRISON & CLARK,
MANUFACTURING
CHEMISTS AND DRUGGISTS,

511 STATE STREET.

CHICAGO,

Fluid Extracts,
Solid Extracts,
Tinctures,
Sugar-Coated Pills, &c.

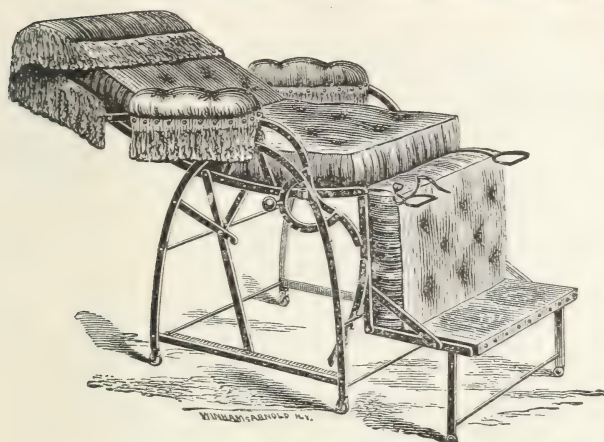
We make a specialty of Physicians' orders, and supply everything in that line at lowest market rates.

D

The Wilson Patent Adjustable Iron Operating Chair

FOR PHYSICIANS.

NO OFFICE COMPLETE WITHOUT IT.



It can be tilted clear back level, and the foot elevated, thus making it most convenient for

Surgical Operations,

ALSO,

Invalids' Reclining and Self-Propelling

WHEEL CHAIRS,

The Best in the Country, with Thirty changes of Position.

IRON BEDSTEADS,

FOR

Hospitals, Asylums, and Private Families.

Send for Circular to the manufacturers.

MATHIAS KLEIN,

235, 237 & 239 South Dearborn Street, Chicago, Ill.

JAS. E. GROSS, M.D.

NORTHWESTERN

JNO. B. DELBRIDGE.

**HOMŒOPATHIC PHARMACY,
GROSS & DELBRIDGE.**

COMPLETE ASSORTMENT OF MEDICAL SUPPLIES.

Medical Books, Surgical Instruments,

WESTERN AGENTS FOR

**BOTSFORD'S HAMAMELIS,
DR. DORRIS' VACCINE VIRUS.**

PUBLISHERS OF THE

PHYSICIANS' CONDENSED ACCOUNT BOOK,

An Epitomized System of Book-Keeping, avoiding the necessity of separate Journal, Day Book and Ledger; combining System, Accuracy and Easy Reference, with a minimum of labor.

Price \$350. Send for Sample Sheets.

NEW REMEDY,---Alstonia Constricta. The New Remedy, introduced by Dr. Cathcart, of Australia, and noticed in the HOMŒOPATHIST for October, we can now supply Physicians at 50 cents per ounce. Sample free on receipt of stamp. Address,

GROSS & DELBRIDGE,

Homœopathic Pharmacy.

No. 48 Madison Street, Chicago.

VACCINE VIRUS.

In order to meet the properly continued demand upon us for Animal Virus, we have established stables for its propagation upon carefully-selected heifers. The lymph used is of the well-known "Beaugency" stock, imported by ourselves expressly for this purpose. The result of several years' experience in supplying this lymph leads us to believe that its excellence is unsurpassed. The establishment is under the care of a competent physician, who will spare no pains to produce a perfectly RELIABLE and PURE article, which we are prepared to furnish FRESH, DAILY.

We can also furnish, to those who prefer it, Humanized Virus, from healthy children, procured for us by physicians of undoubted reliability.

All our Virus is put up in strong, *air-tight packages*, for safe conveyance by mail or express, and will be sent (postpaid if by mail) upon the following terms:

From the Heifer , 10 large Ivory Points, well charged on both sides.....	\$1 50
Five large Ivory Points.....	80
Large Ivory Points, less than five.....	25
One Crust, new method, in air-tight Glass Capsule.....	2 00
From Healthy Infants , 10 small Ivory Points.....	1 50
One Crust from Unruptured Vesicles.....	2 00

Directions for vaccinating with either form of Virus, derived from methods successfully employed, will be furnished with Virus if requested.

We will warrant every package of Points and every Crust, giving a fresh supply in case of failure reported within fifteen days for Points, thirty days for Human, and ninety days for Kine Crusts. We can usually furnish Crusts one remove from the heifer if preferred.

On account of their unreliability, we have hitherto furnished the usual form of Kine Crust unwillingly. Under our new method of taking and preserving them, however, after careful tests and an experience extending over several months, the results attained have been so satisfactory that we now offer them as not less active and reliable than other forms of Virus, while less liable to become inert with lapse of time. We now offer them on very favorable terms, and recommend them for transmission to a distance and in all cases where it is desired to preserve Virus for some weeks or months, or to keep a supply at hand for emergencies.

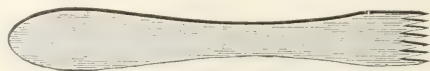
We also furnish Uncharged Ivory Points, for physicians' use, at the following rates:

Small.....	per 100, 25 cents ; per 1,000	\$ 2 00
Large.....	per 100, 50 cents ; per 1,000	4 00

Orders by mail or telegraph answered by return train.

Liberal discounts upon large supplies for Cities, Towns, and Institutions.

New Illustrated Catalogue of Surgical Instruments, postpaid, on request.



Scarifying Vaccinator. Steel and Nickel Plated. See cut. Each 25 cents.

CODMAN & SHURTLEFF,

MAKERS AND IMPORTERS OF

Superior Surgical Instruments,

13 & 15 TREMONT ST., BOSTON, MASS.

There is no Doubt

That thousands of children die from deficient or improper nourishment, and Mothers and Nurses should see to it that the infant constitution is built up and strengthened by proper food before the trying

SUMMER MONTHS

come, which are the most dangerous to infant life. For this emergency

Ridge's Food **For INFANTS and INVALIDS**

has the endorsement of the Matrons and Physicians of the principal Infant Asylums and Lying-in Hospitals in the United States, and Physicians of all schools have given it their unqualified approval as a **HIGHLY NUTRITIOUS** and easily assimilated food, and especially adapted for *Infants and growing children.*

Ridge's Food **For INFANTS and INVALIDS**

is also specially adapted to adults suffering from weakness of the digestive organs, and, therefore, those afflicted with any symptoms of **INDIGESTION** will find, on trial, it has all the qualities that have been claimed for it, and all that they can desire in the way of nutrition and strength.

WOOLRICH & CO., on every label.

THE INCREASING SALES,

notwithstanding the stringency of the times and the fact that the success of this as a standard preparation has induced many others to enter the field with preparations of varied value,

Is a Sure Proof

THAT

Ridge's Food **For INFANTS and INVALIDS**

is all that is claimed for it.

Mothers, Nurses and Invalids can rely upon this preparation as one

OF TRUE MERIT.

It is suited to the weakest stomach and at the same time has life-giving and bone-forming properties attained by no other. The reason of this is found in the fact that

Ridge's Food **For INFANTS and INVALIDS**

is a *cooked* food, prepared upon scientific principles, and in many cases of enfeebled constitution will perform what no amount of medical skill can do.

Put up in four sizes, with WOOLRICH & CO., on every label. Sold everywhere by Druggists.

The Summer Months

in our large cities is the critical period of infant life as shown by the bills of mortality, compared with the other months of the year. As a dietetic, in cases of *Cholera Infantum, Dysentery, Chronic Diarrhœa, Cholera,*

Ridge's Food **for Infants and Invalids**

has been found particularly beneficial, as attested by many flattering testimonials received during the last six years from well-known physicians of every school, and also from Directors of Public Institutions of the United States.

Adults suffering from *Dyspepsia, Prostration of the System, and General Debility*, will also find in

Ridge's Food **For INFANTS and INVALIDS**

the desideratum for weak stomachs, being easily digested and assimilative; and, at the same time, containing in itself all that is necessary to nourish every part of the human body.

Sold by Druggists everywhere. None genuine unless WOOLRICH & CO. is on every label.

SAVE THE NATION!

For it is sadly too true that thousands of **CHILDREN ARE STARVED TO DEATH** every year by improper or insufficient **FOOD.**

Remember,

Ridge's Food **for Infants and Invalids**

Is all and a great deal more than we have claimed for it. It is simply a **HIGHLY NUTRITIOUS** and easily assimilated **FOOD**, grateful to the most delicate and irritable stomach, and especially adapted for the **INFANT and GROWING CHILD.**

Invalids, Nursing Mothers,

and those suffering from *Indigestion* will find on trial that

Ridge's Food **For INFANTS and INVALIDS**

is all they can desire. It is carefully up in four sizes. Constant users will find our No. 4 size (always the most economical size to buy) now much larger than formerly, thus materially lessening the expense.

WOOLRICH & CO. on every label.

EDWIN M. HALE, M.D.,

65 Twenty-Second St.,

CHICAGO.

Specialties. { DISEASES OF THE HEART.
{ TREATMENT OF STERILITY.

Consultations by letter or personally. Physicians send patients will please send written history of the case and its treatment.

\$3.00.

The Homœopathic World, London, Eng., (monthly, \$2) and the American Homœopathist, Chicago, (monthly, \$2) to any address, one year, post-paid, for \$3.00. Address

W. A. CHATTERTON,
145 LaSalle Street, Chicago.

HOMŒOPATHY

THE SCIENCE OF

THERAPEUTICS

A collection of Papers elucidating and illustrating the Principles of Homœopathy.

BY CARROLL DUNHAM, M.D.,

Price, \$4. 8vo. Cloth.

Will be sent, post paid, on receipt of price.

Address,

CARROLL DUNHAM, Jr.
IRVINGTON-ON-HUDSON, N. Y.

Boston University School of Medicine.

OPEN TO BOTH SEXES.

It furnishes a complete graded course of three years' study. *Summer Term*, (optional,) commences March 18, 1878; continues twelve weeks. *Winter Term*, for lectures, commences Wednesday Oct. 9, 1878; continues twenty-one weeks.

Further information may be obtained of the Dean, I. T. TALBOT, M.D., 66 Marlboro' St., or of the Registrar, J. H. WOODBURY, M.D., 165 Boylston St., Boston.

Pulte Medical College,

CINCINNATI, OHIO.

The Leading Clinical School.

Two Complete Graduating Terms.

First Term begins October 3d, 1877.

Second Term begins February 8th, 1878.

FEES, \$50.

Send for the Annual Announcement.

J. D. BUCK, M.D., Registrar,
305 Race St., Cincinnati, Ohio.

New York Homœopathic Medical College.

Sessions commence first Tuesday in October, and close about the 1st of March.

Clinical and hospital advantages unsurpassed by any medical college in the country.

Graded or Perpetual Ticket, - - - - \$160
Single course, - - - - - 100
Graduation fee, - - - - - 30

For further information and announcements address

J. W. DOWLING, M.D., Dean,
568 Fifth Avenue, New York.

MISSOURI SCHOOL
OF
MIDWIFERY

Anatomy, Physiology, Midwifery, Diseases of Women and Children taught practically at bedside in Maternity Hospital. The Hospital is open to ladies in confinement, and the medical and surgical treatment of diseases of women and children. Mrs. S. SCHIEKECK, Resident Midwife. Write for circulars. Dr. WM. C. RICHARDSON, President, 3234 North Tenth Street, St. Louis, Mo.

The Homœopathic Medical College

OF PHILADELPHIA.

Now in its Twenty-ninth year; the oldest Homœopathic college in the world; has nearly 1,200 graduates.

This Institution offers unequalled facilities for acquiring a thorough medical education; has a museum of over 5000 specimens; a library of 2000 volumes; gives opportunity for the *practical* study of

Anatomy, Surgery, Obstetrics, and Chemistry;
every advanced student furnished with cases of obstetrics. For announcement, address

A. R. THOMAS, M.D., Dean,
1628 Locust St. Philadelphia, Pa

Circular to Homœopathic Physicians.

It is well known to the Homœopathic profession, that I have made the manufacture of Tinctures a study for several years. The improvements I have introduced into Homœopathic Pharmacy are fast becoming recognized. The most important are the following:

1st. To ascertain, carefully and independently for each substance, what solvent will dissolve the largest portion of its medicinal properties; and to adhere to the use of this solvent, in the preparation of the lower dilutions, as well as in the manufacture of the Tinctures. The rule and custom of pharmacutists has been, to use the same solvent for nearly every substance.

2d. To make the original substance from which the tincture is made, the basis (or unit), of attenuation. Thus, in tinctures from fresh plants, the fresh plant is made the starting point and the first dilution is made to represent (cubic centimeter for gramme), in ten parts of the liquid, one part of the fresh plant, and is properly marked 1-10. It is the general practice of pharmacutists to make the **TINCTURE** the basis of attenuation without regard to its strength.

3rd. To trust no druggist or root-digger to identify the original substances used in the preparation of tinctures. Being a practical Botanist and Chemist, I am able to avoid errors frequently made by mercantile pharmacutists in confounding different plants or drugs, having the same or similar names.

4th. To indicate plainly on every vial of mother tincture, the solvent and the strength of the solution, giving printed directions for making dilutions which shall correspond in medicinal strength with the triturations of the same number.

5th. To make and keep all tinctures in new, amber-colored vials with glass stoppers. This affords the most thorough protection from the chemical action of light, and avoids the admixture of fragments of cork.

The registered **TINCTURE LABELS** in connection with the patent **GRADUATED VIALS** make the process of preparing dilutions as easy as that of addition.

Samples and price-lists sent free on receipt of ten cents for postage and packing.

LEWIS SHERMAN, A.M., M.D.,
171 Wisconsin St., Milwaukee, Wis.

MISSOURI Homœopathic College

ST. LOUIS, MO.

TWENTIETH ANNUAL SESSION.

BEGINNING OCTOBER 9, 1878, AND ENDING MARCH 1, 1879.

FACULTY OF MEDICINE.

E. C. FRANKLIN, M.D.,
Professor of Operative and Clinical Surgery.

A. S. EVERETT, A.M., M.D.,
Professor of Anatomy.

PHILO G. VALENTINE, A.M., M.D.,
Professor of Theory and Practice.

ADOLPHE UHLEMAYER, M.D.,
Professor of Materia Medica and Therapeutics.

C. W. SPALDING, M.D.,
Professor of Physiology and Histology.

WM. C. RICHARDSON, M.D.,
Professor of Obstetrics,

J. C. CUMMINGS, A.M., M.D.,
Professor of Clinical Medicine.

W. A. EDMONDS, M.D.,
Professor of Diseases of Children.

J. MARTINE KERSHAW, M.D.,
Professor of Brain and Nervous Diseases.

WILLIAM STORY, M.D.,
Adjunct Professor of Materia Medica and Therapeutics.

IRENÆUS D. FOULON, A.M., LL.B.,
Professor of Medical Jurisprudence.

FEES.

Fees for one Course of Lectures.....	\$50 00
Matriculation Fee	5 00
Practical Anatomy and Surgery, each	10 00
Graduating Fee	25 00

Graduates from other Colleges	30 00
Fee for Graded Course, including Lectures for the entire term of three years or longer, issued only to students who agree to attend three Courses of Lectures, invariably in advance.....	100 00

COLLEGE CLINICS.

GYNÆCOLOGICAL CLINIC.—Mondays, from 3 to 4 P. M., by Prof. Wm. C. Richardson.

OPHTHALMIC AND AURAL CLINIC.—Tuesdays, from 12 to 1 P. M., by Dr. J. A. Campbell.

SURGICAL CLINIC.—Wednesdays, from 2 to 3 P. M., by Prof. E. C. Franklin.

GENERAL MEDICAL CLINIC.—Thursdays, from 1 to 2 P. M., by Prof. J. C. Cummings.

CLINIC FOR BRAIN AND NERVOUS DISEASES.—Fridays, from 1 to 2 P. M., by Prof. J. Martine Kershaw.

MEDICAL CLINIC.—Saturdays, from 1 to 2 P. M., by Professor Uhlemayer.

Also a Weekly Clinic at the City Hospital, and the Good Samaritan Hospital.

For Announcement and further particulars address,

E. C. FRANKLIN, M.D.,
Dean,
1402 Olive Street,

PHILO G. VALENTINE, A.M., M.D.,
Registrar,
Cor. Fourteenth Street and Chouteau Ave.

TO THE MEDICAL PROFESSION.

MALTINE.

(EXTRACT OF MALTED BARLEY, WHEAT AND OATS.)

THIS PREPARATION
Contains From **THREE TO FIVE TIMES** the
MEDICINAL and **NUTRITIVE** Elements Found in
Extract of Malt.

MALTINE is a highly concentrated extract of malted *Barley, Wheat* and *Oats*, containing, undiminished and unimpaired, all the medicinal and nutritive principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from *three to five times* the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz.:

FIRST: In the manufacture of **MALTINE** the evaporation necessary to reduce it to its great density is conducted in vacuo, at a temperature ranging 100° to 120° Fahr.; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity, possessing little virtue aside from the saccharine matter which it contains.

SECOND: Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium and Potassium are essential elements in the food of man, and it is only in **MALTINE**, containing the combined properties of malted Barley, Wheat and Oats that all these principles can be found in the proper proportions; Extract of Malt made from Barley alone is wanting in some of the most important of these elements.

THIRD: Gluten is the most nutritious principle found in the cereals, and is the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. **MALTINE** contains twenty times the quantity of Gluten found in any Extract of Malt.

FOURTH: Liebig says "Wheat and Oats stand first among our list of cereals in combining all the elements in proportion necessary to support animal life. They are especially rich in muscular and fat producing elements." The only reason we use Malted Barley in the manufacture of **MALTINE** is that it contains larger proportions of mineral matters (bone producers,) and Diastase. It is deficient in all other essential elements.

*We believe that any practitioner will readily recognize the superiority of **MALTINE**, and would request a trial and comparison of merits with any article offered for similar uses.*

MALTINE preparations are sold at the same prices as **EXTRACT OF MALT** and its combinations, and are put up in amber bottles holding sixteen fluid ounces; each bottle inclosed in a folding paper box.

REED & CARRICK,

Manufacturing Pharmacists,

196 and 198 Fulton Street, New York.

To the Medical Profession.

LACTOPEPTINE,

The most important remedial agent ever presented to the medical profession for Indigestion, Dyspepsia, and all diseases arising from imperfect nutrition, containing the five active agents of digestion, viz., Pepsin, Pancreatine, Diastase or Veg. Ptyalin, Lactic and Hydrochloric Acids, in combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE.

Sugar of Milk.....	40 ounces.	Veg. Ptyalin or Diastase.....	4 drachms.
Pepsin.....	8 "	Lactic Acid.....	5 fl "
Pancreatine.....	6 "	Hydrochloric Acid.....	5 fl "

LACTOPEPTINE owes its great success solely to the Medical Profession, and is sold almost entirely by Physicians' Prescriptions. Its almost universal adoption by the profession, is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned, having tested REED & CARRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid, and Hydrochloric Acid, made according to published formula, and called LACTOPEPTINE, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well-adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M.D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M.D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

LEWIS A. SAYRE, M.D.,

Professor of Orthopædic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

SAMUEL R. PERCY, M.D.,

Professor Materia Medica, New York Medical College.

JOSEPH E. WINTERS, M.D.,

Assistant Demonstrator of Anatomy, Bellevue Hospital Medical College.

F. LEROY SATTERLEE, M.D., PH., D.,

Prof. of Chem., Mat. Med., and Therp., in the N. Y. College of Dent.; Prof. of Chem. and Hygiene in the Am. Vet. College, &c., &c.

PRICE LIST.

LACTOPEPTINE (Powder, in oz. Bottles).....	per oz.	\$ 1 00
" (Powder, in oz. Bottles).....	per doz.	10 00
" (Powder, in ½ lb. Bottles).....	per lb.	12 00
Elixir Lactopeptine.....	per doz.	15 00
" Lactopeptine and Bismuth.....	"	15 00
" Lactopeptine, Strychnia and Bismuth.....	"	15 00
" Calisaya Bark and Iron, with Lactopeptine.....	"	15 00
Beef, Iron and Wine, with Lactopeptine.....	"	12 00
Liquid Lactopeptine.....	"	15 00
Syrup Lactopeptine Compound.....	"	15 00

All Correspondence and Communications must be addressed to

The New York Pharmacal Association,

(Who have purchased all the rights in the article of Messrs. Reed & Carrick.)

83 JOHN STREET, NEW YORK.

P. O. Box 1574.

Subscription: Two Dollars a Year, Twenty cents a Number.

AMERICAN HOMŒOPATHIST

A MONTHLY JOURNAL OF
MEDICAL, SURGICAL ^{AND} SANITARY SCIENCE.

J. P. MILLS, M.D., Editor.

125 Western Avenue, Chicago.

Vol. II.

May, 1878.

No. 5.

CONTENTS

OVARIOTOMY.—ONE HUNDRED AND SIXTY-THREE SACS. <i>S. B. Parsons</i> . . .	179	HOW TO STUDY MATERIA MEDICA AND HOW TO LOOK UP A CASE, A PERPLEXING QUESTION. <i>H. N. Guernsey</i> . . .	198
NIGHTLY EMISSIONS. <i>T. S. Hoyle</i> . . .	181	ABOUT THOSE NEW YORK RESOLUTIONS. . . .	201
PRACTICAL EXPERIENCE WITH THE INSANE. <i>J. R. Allen</i>	182	ALBUMINURIA. <i>A. E. Small</i>	203
REMOVAL OF STRONG ODORS FROM THE HANDS.	186	"SIMILARS" IN CHEMISTRY. <i>A. R. Barrett</i>	207
OLEUM TEREBINTH. IN FIBROID ENLARGEMENT OF THE UTERUS AND IN BRIGHT'S DISEASE. <i>W. L. Lodge</i> . . .	187	NEW PUBLICATIONS	209
THE DIAGNOSIS OF ADVANCED PREGNANCY. <i>T. E. Entoe</i>	189	<i>The Organon.</i>	
ELECTRICITY.—ITS VALUE. <i>C. W. Boyce</i>	193	EDITOR'S CABINET.	214
"THE LAST DITCH." <i>Lewis Sherman</i> . . .	196	MEDICAL MEMORANDA	215
		Western Academy.—Another Joint.	
		—Items of Interest.—Errata.—Personals.	
		PUBLISHERS' PARAGRAPHS	216

A. L. CHATTERTON ^{AND} COMPANY,
PUBLISHERS,

23 Park Row, New York.

121 Dearborn St., Chicago.

IN EXCHANGE

Chicago Homœopathic College.

CHARTERED JUNE, 1876.

Special Announcement.--Spring and Summer Session, 1878.

The generous support accorded this institution by the profession and students demonstrates the higher esteem in which a determined effort to raise the grade of medical scholarship is held. In order to more fully develop the enlarged plan of education which this College has always had in view, the Trustees have decided to continue instruction throughout the entire year.

The prominent features of the Course will be clinical teaching, a series of recitations in the elementary branches and practical training in Chemistry, Pharmacology, Auscultation and Percussion.

The Central Homœopathic Dispensary now averages about two thousand prescriptions a month. All the Clinics are crowded with patients. It has been found necessary to appoint three dispensing physicians instead of one, as heretofore, to act as assistants to the clinical professors. All the regular Clinics will continue just as during the Winter Session. Daily recitation will be conducted by the dispensary physician, under the supervision of the professors whose chairs are represented. This feature will afford excellent opportunity for students to prepare for the regular Winter Course.

A weekly Clinic for Women will be held by Mrs. Sabin Smith, physician-in-charge of the Erring Womans' Refuge.

The course will commence April 8th, and continue until the opening of the third regular session, in October.

FEES, \$10.00.

ORDER OF COURSE.

Hour.	Monday.	Tuesday.	Wednesday	Thursday.	Friday.	
10 A. M.		Anatomy Recitation. BLUNT.	Physiology Recitation. BARTLETT.	Anatomy Recitation. BLUNT.	Physiology. Recitation. BARTLETT.	9 to 11 A. M. Practical Chemistry. C. MITCHELL
11 A. M.		ADAMS.*	Mrs. SMITH.*	DANFORTH.*	STREETER.*	BEEBE.*
2 P. M.	WOODYATT.*	DELAMATER *	GROSVENOR*	MITCHELL.*	WOODYATT.*	DELAMATER *
5 P. M.	KIPPAX.*	Pharmacology. DELAMATER	Chemistry Recitation. C. MITCHELL.	Auscultation and Percussion. MITCHELL.		

* Clinics.

For further information address,

CHARLES ADAMS, 125 State Street, Chicago.

THE
American Homœopathist.

A MONTHLY JOURNAL OF MEDICAL, SURGICAL,
AND SANITARY SCIENCE.

Vol. II.—MAY, 1878.—No. 5.

OVARIOTOMY.—ONE HUNDRED AND SIXTY-THREE SACS.

S. B. PARSONS, M.D., ST. LOUIS, MO.

In August last I was applied to by Mrs. B——, a German lady, aged fifty-three, mother of three children, for an enlargement of the abdomen which had been gradually increasing in size for four or five years. Although she suffered no pain, except occasionally a sharp pain or aching sensation, but years ago she experienced a great deal and located it in the right iliac region. Until the past year her health had been pretty good, menstruation ceasing five years ago, but since then her strength and general condition had become more and more impaired, the abdomen slowly enlarging, her weight increasing up to the present moment, so that she now turns the scales at two hundred and

ninety-three pounds. Appetite poor; bowels irregular; frequent and often painful urination; specific gravity of urine 10.24, color brownish-red and containing mucus shreds, epithelial scales, and considerable phosphates, but no albumen nor tube casts; inability to lie upon her back for the dyspnœa it produces; locomotion difficult; swelling of feet and legs; pulse, 84; heart rhythm normal, but a weakened systolic action; skin dark; tongue coated yellowish-white; face wears an anxious expression. The deposit of adipose tissue was so generally abundant that in the neck and thighs it hung in folds.

An external abdominal examination revealed an elastic tumor observable

in both iliac, hypogastrium, both lumbar, umbilical and lower parts of both hypochondriac and epigastric regions. The most prominent part of the tumor seemed to be in the left iliac and lower left umbilical angle. At this point fluctuation was very distinct but limited, as also was it in the right lumbar region, but none could be discovered by palpation across the abdomen. The umbilicus was largely protruded and very dark in color. Abdominal walls extremely thick and moved readily over the tumor. By measurement she was sixty-three inches around the body above the umbilicus. Below the umbilicus the greatest measurement was sixty-eight inches. From ensiform cartilage to to symphysis pubis, thirty-four inches. From right superior iliac spine to right umbilicus, sixteen inches. From left superior iliac spine to umbilicus, seventeen and one-half inches. A vaginal examination showed the vagina to be healthy, no distension of Douglas' cul-de-sac, and by hard pressure downward through the external abdominal walls the tumor could be felt in the right ovarian region. The uterus was drawn high up, yet its cavity was normal in length—three inches. Movement of the tumor through the abdominal walls would also move the womb, showing that adhesions existed between them. My diagnosis was multilocular ovarian tumor growing from the right ovary.

She was informed of the danger of attempting to remove it by surgical measures, rendered more serious by

the large deposits of fat which encumbered every part of her body, and the probability that her heart was in a state of fatty degeneration, in which case it would be extremely hazardous to give her Chloroform. But she had become determined to have it removed as her life was a misery and a burden, and on the 8th of last January, assisted by Drs. James A. Campbell, who administered the anæsthetic, four parts Ether to one part Chloroform, Chas. Gundelach, Chas. Vastine, D. R. Luyties and Messrs. Schott and Morgan, medical students, I proceeded with the operation.

An incision four inches long was made through the integuments down to the linea alba, the fat being quite three inches thick through which the incision was made, below the umbilicus, the linea alba divided on a grooved director the length of the first incision, as also was the peritoneum. Introducing my hand through the opening and sweeping it around the tumor I found it adherent to the uterus and both sides of the abdominal walls. The adhesions were broken up, the opening enlarged to nine inches with Spencer Wells' ovarian trocar, a sac was punctured and its contents drawn off. Five of the largest cysts were thus treated which reduced the bulk of the tumor sufficiently to permit it to be turned out of the cavity altogether. It was then seen to be composed of a great number of separate sacs, some filled with a limpid fluid, that of others being gelatinous, and still others whose contents were

thick and whitish, the sacs varying in size from a pin-head to a water bucket, the largest being toward the left iliac region. The pedicle, short and thick, was attached to the right ovary, was tied with a double wire suture the ends cut short, then after its separation from the mass was allowed to fall back into the abdomen. The left ovary was healthy. The parts were carefully and thoroughly sponged until all bleeding and oozing had ceased, the edges of the wound approximate, and held together by deep and superficial sutures, the former passing through the edges of the peritoneum, after which lint saturated with Carbolic acid and sweet oil was placed along the track of the incision, and over all a layer of cotton supported by flannel rollers. Soon after being put to bed she became partially conscious and spoke doubtfully of recovering from the operation. During that day and the following night she was quiet and slept a considerable portion of the time, but became somewhat restless toward morning. Ice-cold milk and beef tea, the first two in considerable quantities, were allowed her, and Aconite and Arsenicum given as remedies. From this time on her

condition grew gradually worse. The pulse crept higher and higher, the temperature rose to 108° , and twelve hours before she died it suddenly fell back to 102° , while the pulse continued to rise; vomiting set in and became uncontrollable, tongue dark and dry, thirst intense; restlessness extreme; wild delirium; abdomen tympanitic, and death followed on the third day.

There are some points of interest connected with this case upon which I should like to add a few words of comment but for fear it would consume too much space in your valuable journal I forbear.

But let me add I have reported it for three reasons, viz., first, the rarity of finding such extreme obesity accompanying large ovarian tumors; second, notwithstanding the rise of traumatic peritonitis and septicæmia superadded to the immediate effects of the operation, she did not complain of a single pain, nor was there any tenderness along the track of the wound or anywhere in the abdominal region; third, the large number of cysts, there being by actual count one hundred and sixty-three, the weight of which with their contents being about forty pounds.

NIGHTLY EMISSIONS.

L. D., aged thirty-nine, Irish, nightly emissions and spermatorrhœa. The urine flows and stops again at

each passage of water. Conium 6 cured.—*T. S. Hoynes.*

PRACTICAL EXPERIENCE WITH THE INSANE.

JOHN R. ALLEN, M.D., MEMPHIS, TENN.

[A Paper Presented to the Homœopathic Medical Society of Tennessee.]

In the great advance of medical knowledge, within the last half century, perhaps no department has made more rapid strides than that devoted to neuroses, generally. The investigation of the nervous system in its varied and intricate developments, both in health and in disease, has been carried into a more special and exhaustive research than any other branch within the range of our science. That much has been learned is obvious, but alas, after all, much is environed with mysteries which neither scalpel nor microscope, neither experiment nor hypothesis, no matter how skillfully framed, can clear up. All that is tangible under the best means of research seems to have been developed. We are almost forced to consider the dark shadows which rest upon the remaining field as impenetrable. Speculation and theory, in all their ingenuity, have attempted, but in vain, to satisfy our craving for exact knowledge regarding the nature and cause of nervous force and the morbid developments of nerve substance.

The department of this subject, gentlemen, upon which you have made it my duty to report, is the one which, of all kindred pathological states has been the most deeply investigated. From the days when

Vincent St. Paul and the immortal Pinel threw open the prison hospital of Bicetre, many of the leading intellects of our profession have in regular succession, both in this country and in Europe, written exhaustive works on the subject. In addition, hundreds of hospitals, consecrated to the treatment of insanity, in all civilized countries, and conducted on many plans and under varied managements, have added, it would seem, all that human ingenuity can afford toward the best means of observation and treatment. Here, keen intellects and cultivated minds, trained to the work are constantly sending out the results of vast experience. While great improvements have been made in this way, especially in deciding the best conditions under which to conduct treatment, particularly with regard to therapeutical measures, the control, in so far as it is possible, of the emotional nature, etc., it will be found that authorities are contradictory and unsettled.

As might be expected, remedies confided in by some are neglected by others, and, as there has been no scientific rule to govern the administration of medicines or the application of remedial measures you need hardly be told that there is still vast room for improvement in this direction.

Under all these circumstances, it seems a work of supererogation if not an actual impertinency for so unpretending a man as myself to attempt, in any way, to enlighten this intelligent body with anything original or indeed unknown to you. It would be folly for me to attempt to add to the eloquent and copious literature on this subject, since Pinel and Esquirol among the French; Conolly, Prichard, Mandsly and many others, among the English; Brigham, Bell, Ray and Hammond, at home, have illustrated it with profundity of research and the graces of elegant diction.

I have determined at the risk of the charge of egotism to confine what I have to say, to incidents of personal experiences, with such comments as may suggest themselves, *sa passant*.

In 1844, I was very unexpectedly called to the medical superintendency of the East Kentucky asylum for the insane. The winter before, I was chairman of a legislative committee appointed to examine the insane asylum at Lexington, Ky. After performing this mission, a report was made, setting forth the wants of the insane and the great deficiencies in the provision made for them in every particular. This report led to the introduction of a bill reorganizing the whole management of the institution. A board of intelligent gentlemen was appointed as a standing committee, and I was called from a distant part of the state to fill the office of resident superintendent. The first ever appointed.

I entered upon my duties with many misgivings. I need not inform you of previous harsh and irrational treatment of the insane up to the time of Pinel in the latter part of the eighteenth century. To that period, confinement was the main object—to protect society from the violence of the maniac, or to hide from sight the hideous depths of mental derangement. Hence, chains and imprisonment were adopted, as being the most summary and effectual methods of securing these ends; of course, at the time I entered upon the discharge of my duties, these conditions were much ameliorated and some means of cure were considered the chief end to be sought. East and north many noble institutions had been erected and placed under enlightened and able management. Christian philanthropy had found here noble objects upon which to bestow attention. Miss D. L. Dix, a noble woman of Boston, travelled through the length and breadth of our country, hunting up the unfortunate insane and appealing with angelic eloquence to states and legislatures on their behalf and every where awakening the public to their misery and their needs. She aroused society to a sense of long neglected duty.

The institution to which I was called felt the force of this wholesome agitation and was emerging from the condition of a prison to something of a less cruel and coercive aspect; and though far, far behind the times in everything appertaining to a proper

home for the insane could, at least for the present, be tolerated. Dark, damp cells, with heavily bolted doors—even staples with chains attached—were not altogether abolished. The house was crowded—more than two hundred insane of both sexes inhabiting it. Nearly all these patients represented chronic and incurable cases. Among them mental disorder was illustrated in all its various phases, from raving maniac to silent and driveling dementia. There had been no attempt at classification of patients and as a consequence it was a veritable bedlam.

Such was the community over which I was called to preside. King Comus, the Lord of Misrule, might well have envied my position and authority. Fortunately, I was autocrat, and yet so much had to be done I hardly knew where to begin.

I commenced, however, by a thorough survey of the premises, saw the many defects and wants, neither of which could be rectified or supplied for a long time; I must do the best I could with the few resources at hand.

I turned from the survey to a personal inspection of my large family. I made the acquaintance of each and endeavored to understand, as nearly as possible, all the varied characters both physical and mental. Odd indeed were many of my interviews—some amusing, some absurd, but all intensely interesting. After awhile, we became familiar and I found I had made many friends and some enemies, while, of course, a large proportion

were, from loss or perversion of faculties, unimpressible. You are perhaps aware that, as a rule, the insane person thinks himself the only one who can lay claim to sanity. It is a point gained in their treatment, when they can be convinced that they themselves are sick and not you. By courtesy, and gentleness, to which they had not been accustomed, I gained their confidence and often warm attachment. Having accomplished all I could in this way, my next idea was to make them feel that we were members of the same family and that this was our home, for the present, and we should all try to make it as pleasant, quiet and orderly as we would like a home to be. I sat at the same table with them, ate the same food, listened to their complaints, entered into their amusements, no matter how absurd. I often appeared, I doubt not, about as crazy as my patients. But things improved. To the noisy and boistrous, I talked in a subdued voice and impressed them that it was better to whisper than to scream; to move slowly, rather than be restless and in haste. Simple as this may seem, its influence on my household was wonderful. I allowed none of the nurses or attendants to speak in a loud voice, but required them to address my patients in a gentle and quiet manner. The effect of all this was astonishing. On one occasion, when the celebrated Miss Dix was visiting the institution, we entered together a large hall where such of the inmates as were capable

of engaging in it, either as spectators or participants, were assembled for an evening's entertainment. There was an immense clatter of loose tongues in rather boistrous talk. When we reached the centre of the room, I looked around and catching their attention, simply placed my hand over my mouth. In a moment utter silence ensued much to my visitor's astonishment. This gesture I constantly used in my efforts to soften and subdue excited or loud talking, even with individuals.

Driven by necessity to the use of all the ingenuity I possessed, to overcome by moral means obstacles which I thought at first might be more easily and effectually surmounted by concomitant physical appliances, which I did not have at command, I learned many useful lessons in the control of the insane. Unprepared to care in a comfortable manner for such as seemed to require much restraint, I sought in every way to render effectual the means at hand.

If a patient was habitually violent or boistrous, I had him taken out into the grounds, where work of some kind was going on, and often the nervous irritation was taught to flow out in useful and healthful labor. I have seen many a one begin by holding for hours a hoe or a spade or other implement, placed in his hands, and little by little begin, as a matter of amusement to imitate those around him and ultimately come to regard it as a particular favor to be allowed to work. Among the female inmates, the same

course was pursued, and those occupations and amusements adapted to their sex introduced to take the place of the wild vagaries with which they hurt themselves and annoy others.

Through the employment of such measures we, after awhile, had a comparatively quiet family. With a household averaging two hundred, I have had intelligent visitors, after going through the wards ask where we kept the "very crazy ones." Even Miss Dix, in a second visit, asked me what I now did with the vicious, violent and excited—such as were confined in the best institutions in separate lodges, strong and secure. I replied: "We have no such lodges so I send them to the farm or garden, put them to work and soon they forget to misbehave!"

[Here, Dr. Allen's notes close abruptly. His article will never be completed for he has ceased his earthly labors and rests in the quiet of the grave. We can only regret that the vast stores of his varied experience in the treatment of the insane—choice selections from which he was just opening to us—have perished forever. Soon after the meeting of our State society early in the autumn of 1877, Dr. Allen's health, long feeble, declined rapidly, and he died on the 25th of November, at the age of sixty-three years.

He was a remarkable man; not only on account of his knowledge and skill as a physician, but for his extensive and varied culture in literature and science.

He was born in Greenburgh, Ky., in 1815, studied medicine under the celebrated Dr. Dudley, of his native state, and graduated from the medical department of Transylvania university, Lexington. He was a country practitioner for two years, but a malignant attack of fever, aided by enormous doses of Calomel, administered by some misguided colleague, nearly deprived him of life and disabled him for a season from continuing the arduous duties of his profession. He consequently studied law, was admitted to the bar, became a candidate for the legislature, was elected and served with distinction. He was soon after appointed medical director and superintendent of the Kentucky insane asylum, which position he filled for twelve years, meanwhile occupying a professors chair in Transylvania university. He then removed to St. Louis, engaged in the practice of medicine and also lectured in the St. Louis medical college. He afterward made Keokuk, Iowa, his home for several years, was professor of obstetrics in the medical college of that

city and engaged in an extensive general practice. He also served an enthusiastic constituency in the Iowa senate.

In 1859 Dr. Allen came to Memphis and soon after adopted homœopathy. He was for a long time the family physician of Jeff. Davis. In 1872 he established and conducted for several years a large private asylum for the insane. Here he put in practice the homœopathic system of medication with marked success, as the writer, who was associated with him in practice, at the time, can vouch.

Dr. Allen was one of the most amiable and genial of men, and his loss is deplored by a wide circle of friends and admirers. He was a vigorous and active champion of homœopathy, and opposers and slanderers of the system had just cause to fear the scorching sarcasm and brilliant wit, as well as the stern logic of which he was master.

Lucius D. Morse.

Jan. 15, 1878.

REMOVAL OF STRONG ODORS FROM THE HANDS.

The *Schweizerische Wochenschrift für Pharmacie* has a communication from F. Schneider, in which he states that ground mustard is an excellent agent for cleansing the hands after

handling odorous substances, such as cod-liver oil, musk, Valerianic acid and its salts. Scale-pans and vessels may also be readily freed from odor by the same substance.—*Hom. World.*

OLEUM TEREBINTH. IN FIBROID ENLARGEMENT OF THE UTERUS AND IN BRIGHT'S DISEASE.

W. LOVELL DODGE, M.D., PHILADELPHIA, PA.

Fibroid enlargement of uterus and Bright's disease of the kidneys, have been two of the most difficult diseases to cure and are attended with more suffering than almost any disease we meet with, and fibroid enlargement is becoming a very common disease in the female, as the result of tight lacing and the heavy weight of clothing dragging from their hips, pressing the bowels low down into the pelvic cavity producing prolapsus or retroversion, which is bound sooner or later to produce enlargement with all the suffering attending the disease. I have treated two very interesting cases during the last year with very satisfactory results. *

CASE I.

Mrs. D., in April, 1866, (then a school girl,) was seized with a severe attack of peritonitis, for which she was treated by an allopathic physician with Morphia internally and Turpentine externally for ten days. During and for some time after, there was a taste and smell of Turpentine in the discharges. In June she had so far recovered that she returned to her school. She then put on corsets and laced them pretty tight and as a result had falling of the bowels, from which she was a constant sufferer from constipation, hæmorrhoids, pain, sensitiveness of bowels and leu-

corrhœa. April, 1870, she was married, but no enlargement of uterus was noticed until 1872, though the uterus and ovaries were very sensitive. In 1875 the uterus was as large as an orange, and her sufferings were almost constant. Dec. 2, 1875, she was seized with severe pain in the bowels, which proved to be a severe metritis, with great discharge of very offensive blood. She was sick all winter, and the womb enlarged rapidly, and at one time became packed so low in the pelvis that it completely closed the rectum and produced stercoraceous vomiting for two days, when by hard work and a good deal of pain it was raised higher up, which gave a free movement of bowels and relief from vomiting. The pain was almost constant at crest of ilium, left side, shooting over the bowels to right and upward. Platina, Sepia and Aurum were given without any good result. March, 1876, she was able to leave her room, but through the summer of 1876 was a constant sufferer with pain at crest of ilium, and the least jar in walking or riding increased the pain. There was a slow but steady growth through the summer. In November she again took cold which confined her to her bed for the winter. The pain was more severe than the winter previous. Turpentine was applied to

the bowels, amongst other things, to give her relief, which produced a terrible aggravation. Terebinth 30 was then given every two hours, the first dose aggravated the pain, and then a great amelioration of pain, which in the course of a month was *all gone* and she was able to be about. The leucorrhœa had nearly ceased and all her symptoms were better, but the fibroid enlargement remained the same, which could now be felt over the pubis distinctly. In the course of two months a perceptible diminution began to take place which was constant and steady, and in one year it had all disappeared, the uterus was normal. Her bowels had returned back to their normal position, although in 1875 she discarded corsets and used a waist with skirts fastened upon it, which had much to do toward her bowels returning to a normal position. Sometimes during her illness the pain would be more at the right crest of ilium and Terebithina would not relieve, but Ammonia carb. 6 would give immediate relief. At this time she is a perfectly well woman, and able to do a good day's work, a thing she has not been able to do for many years before. Her diet was restricted to a perfectly vegetable and milk diet, through her whole illness, which I think had much to do toward so rapid and perfect a recovery.

CASE II

Was one where her physician permitted her to put on corsets three or four days after her confinement, "because it was such a support to her

bowels and back." She got up from her confinement a poor, miserable sufferer, with bowels packed low down, and almost immediately the uterus began to enlarge. Although I did not see her for two years after, a constant offensive leucorrhœa, with pain at crest of ilium, each side, was present from the time she got up from her confinement, though before that time she called herself a perfectly well woman. She had fallen into the hands of several physicians before she came to me, and they had pronounced it a cancer of uterus. I could find no signs of cancer on examining with microscope, although the history of the case was bad. She had one sister who died with cancer of uterus at her climateric period, and several relatives on her mother's side with cancer in some form.

When I first saw her, her symptoms were something the same as former case. She was in bed with fearful pain in both crests of ilium; bloody, offensive leucorrhœa. The uterus was as large as it would be in a three months' pregnancy, terrible sensitiveness in uterus and bowels to any motion. I gave her Terebinthina 30, with aggravation as in former case, with amelioration after second dose, and a gradual improvement. I kept her in bed for five months, and the improvement was more rapid than in former case. I had great trouble to keep her in bed as she said she was well and wanted to be at work, and that was part of the reason I kept her in bed. There is some hardness in

the uterus yet but is rapidly diminishing, so that I can safely say she will be permanently cured.

The characteristics of Terebinthina in fibroid enlargement are, bloody and offensive leucorrhœa; burning in uterus; pain at crest of ilium, with aggravation on motion; menorrhagia, with black blood. You will readily see how either case could be called cancer of the body of uterus if a microscopical examination is not made of the discharge. I never had a case of cancer of body of uterus to treat, so do not know what Terebinth would do for the disease.

There are other very important things in fibroid enlargement which are not to be overlooked.

1. Discard corsets and every other *abominable* supporter; make a waist of muslin or any other material and fasten the under clothing to it, so the

weight will rest upon the shoulders.

2. A purely vegetable diet is of great importance, as meat diet makes a more rapid growth.

3. In giving your drug, commence with middle attenuations, and change to a higher as often as every four or five weeks, which produces a far more rapid cure than being confined to any one attenuation, and after you begin to see an improvement give one or two doses a day.

I consider Terebinth one of the most valuable drugs, both in the treatment of fibroid enlargement and Bright's disease (on which I will give you an article soon,) and should be studied by every physician. The guiding symptoms will be found in *North American Journal of Homœopathy* for November, 1877, by C. Hering, which gives them as complete as any thing I have seen.

THE DIAGNOSIS OF ADVANCED PREGNANCY.

T. E. ENLOE, M.D., NASHVILLE, TENN.

[A Paper Presented to the Homœopathic Medical Society of Tennessee.]

On the 24th of July, 1877, I was called to see Mrs. McM., aged twenty-one years. Married the previous November. She supposed herself to be suffering from a tumor, or perhaps dropsy. Since her marriage there has been no appearance of the menses. The abdomen is as much enlarged as usual at the eighth month of pregnancy. The general health has been

good all the while. Breasts but little if any enlarged, their areola about the natural appearance of the unpregnant state. For a short time, about the second or third month, she suffered from sick stomach; in the morning particular. About the fifth month, she consulted a homœopathic physician, who, after an examination, pronounced her not pregnant. After coming to

the conclusion that she was not pregnant, he used (as the woman expressed it) the most *powerful medicines in large doses*, in the vain effort to restore the flow, causing her great pain at each period and promising her that at the next monthly return she would be "brought all right," which fortunately was not the case.

When enquiry was made how the enlargement of the abdomen first made its appearance, she said, "I first noticed the enlargement in the right side low down, and it continued in that side altogether for a long time and could not be moved about until the last few weeks," which caused me to suspect the existence of ovarian tumor.

Inspection showed an irregularly-shaped body, lying obliquely across the abdomen from the left vaginal to the right hypochondriac region. This, on further examination, I thought to be a child in *utero*, movements were perceptible to the hand, and I could make out what I suppose to be the upper extremities and the head. It could now be readily moved in any direction. On examination per vaginam, found the body of the uterus much enlarged resting upon the tense anterior vaginal roof, the os was carried so far toward the promontory of the sacrum as to be beyond reach with the finger. Auscultation over the umbilical region near the left inferior border enabled me to hear quite distinctly the sound of the foetal heart, which at once removed all doubt of pregnancy.

This case may be taken as a type of a class which are not very unfrequent. Although it does not present, in some respects, the difficulties often encountered is sufficiently obscure to be made the basis of this article.

It is generally well known that the diagnosis of cases of advanced pregnancy, from abdominal tumors, especially ovarian tumors, is in some instances a matter of great difficulty; some of the most eminent surgeons having opened the abdomen for the removal of an ovarian tumor have found pregnancy to exist. "So frequent," says Professor Ludlam, "is this error in diagnosis, that it would perhaps not be extravagant to say that at least one-third of the cases of so-called ovarian dropsy, in which gynæcologists are consulted, prove to be cases of pregnancy."

The early history, in all doubtful cases, is often of the first importance in enabling us to arrive at correct conclusions. We say early history, because we are rarely consulted until the case has reached such a stage as to excite more or less apprehension in the mind of the woman or her friends.

It is of these advanced cases we shall speak more particularly at this time.

When a woman in good health, who has previously been regular in her monthly periods, ceases to menstruate without disturbance of the general health and when this continues from month to month, the abdomen in the meantime beginning to enlarge perhaps accompanied by morning nausea,

enlargement of the mammae and increased size with darkening of the areola, we shall be justified in taking it as strong *presumptive* evidence of pregnancy. These are, however, by no means to be taken as positive signs, nor are we to be too ready to pronounce the existence of pregnancy because these or even stronger indications should exist, since the character of a woman may be seriously jeopardized by our inexcusable haste, inasmuch as we know the existence of an ovarian tumor may give rise to all of these manifestations.

Palpation will, sometimes enable us to ascertain the size, position and shape of the enlargement. In cases of pregnancy the size will be proportionate to the duration of the same, the position will usually be obliquely across the abdomen, and the shape that of a smooth, rounded, slightly fluctuating, movable tumor. It is sometimes possible to make out the shape of the child's head or extremities, again we can often feel the motion of the child. So we see that palpation is quite an important means of diagnosis in these cases. Ovarian tumor may usually be noticed to have appeared in one or the other inguinal region and usually, at least for a long time, to have remained on that side in which it first appeared. This does not apply in cases of very large tumors which may completely distend the whole abdominal cavity.

The vaginal touch is of great value in enabling us to separate pregnancy from all extra-uterine tumors. When

pregnancy exists the body of the womb will be found enlarged and resting upon the anterior vaginal roof, the os carried in the opposite direction near the promontory of the sacrum frequently beyond reach of the index finger. There is one fact in connection with the vaginal touch which I regard as possessing more importance in a diagnostic point of view in case of pregnancy than any other, except the sound of the foetal heart. I refer to what Barnes calls "anterior vaginal roof stretching," the explanation of which is easily understood. The enlarged and enlarging body of the uterus as it ascends from the pelvic cavity, impinges against the lumbo-sacral articulation is thrown forward and rests on the anterior vaginal roof, while the os is carried in the opposite direction and puts that portion of the vaginal roof which is attached to its front surface on the stretch. This "anterior vaginal roof stretching" may occur in case of other intra-uterine tumors, these can however generally be separated from pregnancy by the history of the case and other methods of diagnosis. Ballotement is now known to be a very equivocal sign of pregnancy, nevertheless it should, in connection with other signs existing, receive proper weight and consideration. If we should be so fortunate as to hear the rapid action of the foetal heart we will of course be enabled to pronounce the existence of pregnancy with certainty, however we should not conclude that pregnancy does not exist if we should fail to

hear it. Time is an important element in the diagnosis where we are uncertain of the nature of the case and there is little probability of any harm in waiting for a few days or weeks if necessary to determine the matter. It should always be borne in mind that the existence of pregnancy does not preclude the possibility of ovarian tumor. They may co-exist. Besides ovarian there are others that may complicate or render the diagnosis of pregnancy of greater or less difficulty. Among these we may speak of fibroid tumors as they are by far the most common. We refer here more particularly to submucous fibroid because of their occupation of the interior of the uterus.

The history of the case must first be ascertained and will scarcely fail to enlighten us as to the nature of the tumor, usually they grow slowly, often attaining considerable size before attracting the attention, because as a rule, they do not interfere materially with the menstrual function in the earlier stages. As they increase in size, they become painful, often to a very great degree, the menses, which occur about the usual time, become prolonged and often very excessive, these repeated hæmorrhages reduce the patient very much and frequently cause us to use operative interference to save the life of the woman.

The irregular surface of the tumor is in marked contrast with the smooth regular enlargement of the uterus in pregnancy. Its extreme density in some portions, while the rest of the

uterine wall may be more or less yielding on pressure is quite distinct from what usually is found in pregnancy. The speculum is also of value as a means of diagnosis, by it we can sometimes determine the existence of pregnancy, where it exists a violet coloration distinct from that in ordinary conditions of the vagina and os. If this is quite distinct it should guard us against the use of the sound which is often, in case of fibroid, one of the most efficient methods of determining that fact in cases where we are certain of the nonexistence of pregnancy. Time is as important here in determining the existence of pregnancy or otherwise as in cases of ovarian tumors.

Ascites may sometimes be mistaken for pregnancy and *vice versa*, here the diagnosis is not so difficult. The history of the case, whether there is present the disease of the liver or heart, will often relieve us of much doubt on the subject. Percussion is very important. If pregnancy exist the whole front of the abdomen will be dull, on the contrary if ascites exists it will be resonant on percussion because in the last instance the intestines will float on the ascitic fluid whereas in pregnancy the intestines are posterior to the uterus which contain the fœtus and consequently give forth the dull sound. This resonant condition or area is changed in cases of ascites with any change of the position of the body. Such is not the case in pregnancy. The diagnosis of pregnancy from hydatiform degenera-

tion of the ovum may sometimes demand attention, Nature usually decides the matter by throwing off the mass about the sixth or seventh month, there will also be at times discharges of water resembling meat washings or currant water without smell and containing cysts, but as before stated it is usually thrown off about the sixth or seventh month. In these cases the abdomen enlarges very rapidly, much more so

than is common in pregnancy.

We may sum up the whole subject in a few words. The only positive sign of pregnancy is the sound of the foetal heart, in cases where this cannot be heard the history of the case and a proper regard for all the physical signs will enable us to arrive at proper conclusions. If we are not satisfied, we should wait for time to solve the matter.

ELECTRICITY.—ITS VALUE.

C. W. BOYCE, M.D., AUBURN, N. Y.

Read at the District Homœopathic Medical Society at Geneva, Jan. 2, 1878, and at the Central New York Homœopathic Medical Society, at Syracuse, March 21, 1878.]

This term is applied to an all-pervading influence which has been studied and investigated, carefully, for many years by learned men and philosophers, and as yet we are not certain that we know anything more of its real nature than was known earlier in the investigation.

Three theories have been propounded as to its nature, each of which seems to have about an equal number of adherents.

The first we shall consider is called the two-fluid theory. It claims that there are two electricities, a positive and a negative, and that these two are in a state of equilibrium, or that there is just as much of one as of the other when in its normal condition, and when so there are no manifesta-

tions. When there is any manifestation of electricity this equilibrium is disturbed, and there is a superabundance of either the positive or negative kind. That one kind always attracts the other and repels like electricity. The effort of each is to attract just enough of the other to keep up the equilibrium. That electricity of high tension travels great distances to become thus neutralized. It is claimed that in the galvanic circuit both electricities travel on the same conductor in different directions and are thus neutralized; that this neutralization takes place equally on the whole circuit, since no neutral point has ever been found. As absolute proof of the truth of there being two electricities, it is claimed that the

Leyden jar, or a battery of Leyden jars, has been so highly charged that not only the positive but also negative discharge has pierced a plate of glass, and that, on inspection, the perforation made by the passage of either electricity shows plainly the direction the electricity took.

Probably the first idea of electricity came from a discovery made by Tholes, of Miletus (an Ionian philosopher), that if a piece of amber was rubbed in a dry atmosphere it acquired the property of attracting light bodies, such as small pieces of paper or pith-balls. Later it was found that glass possessed this same property, but on comparing these attractions it was found that a light body which had been attracted by the amber was then repelled by it, and afterward it was in turn more powerfully attracted by glass which had been rubbed. After having been in contact with the glass for a short time the light body was again attracted by the amber. These alternate attractions and repulsions continued until, as was afterward claimed, an equilibrium was obtained between the electricities of the amber and the glass. According to the two-fluid theory, the amber possessed negative and the glass positive electricities.

Althaus indicates that natural electricity is something more than a simple mixture of positive and negative electricities, and says, "we suppose these fluids to consist of an infinite number of smallest particles or molecules, each of which possesses

attractive and repulsive powers, the molecules of one attracting those of the other, whilst molecules of the same fluid repel each other. While bodies are at rest, these fluids exist in such proportion that, although they do not destroy each other, their effect is counterbalanced; since at the same distance the attractive power of one of the fluids is equal to the repulsive power of the other. Natural electricity must therefore be *decomposed* in order that an action may be perceptible." In regard to the two-fluid theory, although he accepts it, he says, "This theory of the electric fluid is not to be considered final, but only provisional. Indications are not wanting that it may at some future time have to undergo considerable modification, yet it enables us to classify our facts, and is more in accordance with the present state of our knowledge than any other view."

The second theory (Dr. Franklin's) claims that there is but one electricity, and that what are considered positive and negative are simply a plus and a minus condition; that is, when a body is positively charged it contains more electricity than belongs to it naturally, and where negative it contains less. Two bodies which are positive repel each other because they have too much electricity already, and two bodies one of which has too much and the other too little electricity attract each other because they can, when together, give and take and thus become equalized. In the galvanic battery there is a constant cur-

rent of electricity going from the zinc to the copper in the liquid and from the copper to the zinc out of the liquid. The one-fluid theory claims that a light body is attracted by the amber because it has too little electricity, and that as they come together some portion of electricity passes to the amber. The light body having given up some of its electricity is attracted by the glass from which it receives a portion of electricity, and this it carries over to the amber. The light body is simply a carrier to equalize the electricity between the amber and the glass.

Of these two theories this last seems to me to be the most simple, and so far as the literature of electricity is concerned it assumes that this is correct. All the terms used comply with it, and whatever theory the description is of the current passing from the positive to the negative.

The third theory is that electricity is a force correlative with the other great forces of Nature, viz., light and heat; that its manifestations are by vibrations, or a change in the molecules of matter. As an illustration we may imagine a tube of equal calibre containing an indefinite number of balls of equal size and these nearly equal to the calibre of the tube, so that no friction need be caused when the balls are turned one way or another. Let us assume that this tube is perpendicular, when, as will be seen, the only friction will be between the balls themselves. If now the lowermost ball be turned in the least

all the other balls must turn at the same instant and just the same distance, and this should the balls reach to infinity.

The advocates of this theory have framed no form of language to represent its workings but adopt the terms used by others who adopt the fluid theories. All suppose that there is a universal ether in which is manifested the phenomena of electricity. Sir James Murray, M.D., who adopts Dr. Franklin's theory of electricity, publishes a series of extensive investigations and experiments made by himself, or under his auspices, some years since, from which we make the following extract: "Electricity can produce thousands of effects; it is light, heat, galvanism, magnetism, and chemical action, or it is convertible into them. Its modifications constitute, in my opinion, that universal *ether film* which encircles all particles of matter and preserves by its powers of attraction and repulsion, the ultimate molecules of all organized beings in their natural relative connection and condition."—(Garratt).

Beard and Rockwell, who adopt the third theory, use the following language, viz: "All modern research tends toward the conclusion that the different forms of electricity, which are variously distinguished as *magnetism*, *Franklinism*, *galvanism*, *electro-magnetism*, are but expressions of one force, which force is, as we have seen, but a mode of motion of the universal ether." (page 27). "Electricity is a disturbance propagated in the mole-

cules of a body and at the same time in the *ether*, pervading that body." (page 33).

M. De la Rive says, "We may for the present say it is very probable that electricity instead of consisting of one or of two special fluids, *sui genesis*, is nothing more than the result of a particular modification in the state of bodies, which modification probably depends on the neutral action exercised on each other by the ponderable particles of matter and the subtile fluid that surrounds them on every side."—(Garratt).

When we realize, if we ever do, how swiftly the electric influence travels or is exerted, we cannot comprehend that anything, either fluid or solid, can by any possibility pass through space at the rate of 288,000 miles in a second of time—about ten times around the earth.

"The velocity with which electricity is propagated is greater than that of any other agent with which we are acquainted, light not excepted, for while light moves at the rate of 192,000 miles in a second; electricity

travels, according to Professor Wheatstone, over a distance of 288,000 miles in a second. This velocity, which is sufficient to make the circuit of the earth ten times in a second, is so great that any artificial motion which can be produced appears to be rest itself when compared with it. The light of the electric discharge lasts, according to the same observer, hardly the millionth part of a second. If a wheel, which is made to revolve so rapidly that its spokes become invisible, be illuminated by a flash of electric light, all the spokes are for an instant seen perfectly distinct, as if it were in a state of rest. Insects on the wing appear fixed in the air; a cannon ball illuminated by a lightning flash seems to stand still, and an apparently continuous stream of water is seen as a succession of drops. The cause of these phenomena being that, however rapid the motion of bodies may be, the electric light has come and passed away before the motion has gone over a perceptible portion of space."—Althaus.

"THE LAST DITCH."

LEWIS SHERMAN, M.D., MILWAUKEE, WIS.

Under the above heading, in the April number of the HOMŒOPATHIST, Dr. Shipman presents a translation of an article from *L'Homœopathie Militante*. The title of the article is given as "The Posology of the Action of

Infinitesimal Doses." The translator is confident that, by this masterly assault, the disbelievers in potentization by dilution are finally vanquished. The grounds of the argument are:

1. The statement of MM. Trous-

seau and Pidoux that Mercury may be secreted in small quantities with the milk of animals which have been annointed with Mercury.

2. That Dr. O. Kahler failed to detect Mercury in the milk of syphilitic nurses who had been subjected to mercurial inunction.

3. That MM. Petroz and Guibourg have found Corrosive sublimate in the 15th centesimal dilution of *Mercurius corrosivus*. That Ch. Mayerhofer saw globules of metallic Mercury in the 9th dilution of *Mercurius vivus*. And, that Drs. Rummell and Seguin, by the solar microscope, have gained still more brilliant results which have been confirmed by the process of the spectrum analysis by Professors Bunsen and Kirchhoff.

I beg to offer the following observations:

1. It is quite probable, from physiological as well as from therapeutic considerations, that Mercury may be secreted with milk.

2. It is much more difficult to detect the presence of a small quantity of Mercury in a complex, organic mixture, such as milk, than in a simple substance like alcohol or water.

3. The most delicate chemical tests for substances in solution do not afford a visible precipitate when there is less than one part of the suspected material to one million (1,000,000) parts of the solution. These are the proportions which exist in the 3d dilution. The statement* that MM. Petroz and Guibourt have by chemical means detected the presence of Corrosive

sublimate of Mercury in the 15th dilution, implies that these gentlemen are possessed of tests a million, million, million million (1,000,000,000,000,000,000,000,000) times more delicate than those known to any other chemists.

The tests of spectrum analysis, though far surpassing in delicacy those of chemical precipitation, do not go beyond the 5th dilution. The best result in the hands of Professor Bunsen, has been the detection of the one hundred and eighty millionth ($\frac{1}{180,000,000}$) part of a grain of Sodium. Of Calcium, Barium, Strontium, Potassium, and Lithium, the least detectible quantities vary from one sixty thousandth ($\frac{1}{60,000}$) to one one hundred millionth ($\frac{1}{100,000,000}$) of a grain. What is meant by the "still more brilliant results," we are left to conjecture.

The present limit of microscopic vision is the resolution of the *nineteenth* band of Nobert's test plates, the lines of which are $\frac{1}{112,700}$ of an inch apart. No microscope has yet been constructed which can resolve the twentieth band of Nobert, the lines of which are from $\frac{1}{240,000}$ to $\frac{1}{300,000}$ of an inch apart. If all the Mercury which is supposed to exist in one minim of the 7th dilution of *Mercurius vivus* could be concentrated into a single globule, and if this globule could be held immovably under the object glass of the most powerful microscope, it would be barely visible. Yet Dr. Gaillard affirms that Ch. Mayerhoffer has seen "globules of Mercury in the 9th dilution." It would seem that

there must have been something wrong in the preparation of the dilution, or else it must be admitted that Ch. Mayerhofer can see an object *twenty thousand times* as small as the most minute which can be seen by other microscopists.

Prof. James Clerk Maxwell, of Cambridge, England, has made calculations, based upon the observed facts of the diffusion of gases and the demonstrable laws of molecular mechanics, from which he concludes that there are 19,000,000,000,000,000,000 molecules in a cubic centimeter of any gas, under the ordinary conditions of temperature and pressure. From wholly independent data, such as the length of the wave of light, the thickness of soap bubbles, and the electric properties of metals, Sir William

Thompson, of Glasgow, Scotland, has deduced values which agree with the above, within comparatively narrow limits.

Computing from the above figures of Professor Maxwell, the number of molecules in a Troy ounce of metallic Mercury in the ordinary liquid state would be 85,000,000,000,000,000,000,000. A fluid ounce of the 10th dilution, if perfectly made, would contain 850 molecules. A fluid ounce of the 11th dilution would contain 8 or 9 molecules. A fluid ounce of the 12th dilution would have one chance in 12 of containing a single molecule; and a fluid ounce of the 30th dilution would have one chance in 12,000,000,000,000,000,000,000,000,000,000,000,000 of containing a single, lonely molecule of Mercury.

HOW TO STUDY MATERIA MEDICA AND HOW TO LOOK UP A CASE, A PERPLEXING QUESTION.

To the Editor of the American Homœopathist.

"How to study materia medica and how to look up a case, is a perplexing question to the mass of physicians"; therefore I am invited, by several practitioners in the west, to write a paper in elucidation of this subject for insertion in the AMERICAN HOMŒOPATHIST.

To study the materia medica profitably and to "look up a case" practically are very nice things to do—are in fact, the nicest and most exacting duties pertaining to the practice of

homœopathy. It requires the exercise of those accurate habits of thought and discrimination without which no real progress in any science or art can be made. While too much study cannot be applied in this direction, there is yet a most important factor required, and without the application of which all labor and study are vain. When a fellow physician applies to me for help, I often feel quite diffident about advising a remedy for a given case because I fear it will be of no avail,

no matter how well chosen, owing to the want of this factor in the applicant. How much do you know about that great text-book, Hahnemann's Organon of the Healing Art? How many times have you read and re-read his rules for proceeding after having made your first prescription with an earnest and sincere desire to apply those rules in your practice? As well might you expect to solve the problems of Euclid without a knowledge of the fundamental axioms of geometry. As well might you expect to become a successful manipulator in a laboratory without a knowledge of the laws of chemistry. As well might you undertake to do *anything* safely and well before patiently and perseveringly acquiring a knowledge of the *modus operandi*. This settles the whole question before us, and it can be settled in no other way. Go to Hahnemann. Study him as you must study chemistry in order to become an adept in this science. Its fundamental rules do not change with every new light discerned in this exact science. No! its laws are unchangeable. Chemical affinity is the same to-day as when first discovered. The proportion forming a compound are precisely the same now that they ever were, and they always will be the same. So of all the laws of nature, throughout the universe. A thorough acquaintance with these will not only enable us to do all that has been done by them, but also to push forward into new fields of thought, making new discoveries and accomplishing wonders never yet equalled. So the law of

cure, discovered and promulgated by Samuel Hahnemann, being a law of Nature it cannot change or be changed. Its *conditions* cannot change or be changed. No matter what advancement may be made in pathology or in the kindred branches, the application of the law can in no way be affected. By possessing ourselves of all the knowledge that Hahnemann had acquired on this great subject, we would be able to accomplish not only what he did but by pushing on in the same line, in due time we would be able to cope successfully with all the diseases that flesh is heir to, and also to prepare for any that might rise in the future.

There never was a time when so much knowledge of the *materia medica* was so generally diffused among the profession as the present, neither was there ever a time when the profession as a mass were more capable of "looking up a case" and making the first prescription. The trouble is not so much, generally, on these points as in not knowing how to proceed after having made the first prescription. Have you learned to *wait* on the exhibition of your well-chosen remedy, to study its effects, and to witness its developement? Here you need and must acquire those nice habits of thought and observation without which no real progress can be made; without which nothing can be truly learned. This is the only royal road that will lead to a truly successful practice of the healing art. A perfect knowledge of

the materia medica and of the method "how to look up a case" will never avail without this latter knowledge adjoined. I cannot tell you even in a very elaborate article how to do this. This knowledge can only be acquired in its fulness by reading and pondering well the works of Samuel Hahnemann and at the same time putting his teachings to the most rigid test. *Every physician must do it for himself if he would become master of his profession.*

First take his Organon of the Healing Art, and step by step, paragraph after paragraph, master it. Do the same with his Chronic Diseases, with all the patience and perseverance that characterized you when boys in mastering the common arithmetic—notation, addition, subtraction, multiplication. So do in therapeutics, as *per* Hahnemann, and the way therein, ever after, will comparatively be as plain in one case as in another. No other course offers the harmony or the permanency. We have not yet forgotten when, as boys, our teachers would not do our sums for us. We had to learn the rules and demonstrate them on the black-board. We had mental work to perform in those days and we now appreciate such a course of training. Now as professional gentlemen we must learn rules of another kind, and demonstrate them in making cures.

We shall always take great pleasure in furnishing an article upon any particular point in Hahnemann's writings

that may at any time be called up for elucidation. But let us have some proof that physicians are trying to help themselves in studying this great man's work, in trying to appropriate something from his inexhaustible mine of knowledge.

The members of the profession who inaugurated and executed the plan to bring out this paper are worthy of all praise, and this plan of asking for help on these vital questions we sincerely hope will have the effect of displacing some of the worthless and trashy articles in which so many of our journals abound. If it is desired to have an article published in this journal "On the study of the Homœopathic Materia Medica," such a one, and a very perfect one, and thoroughly practical in its teachings, may be found in the second volume of the *British Journal of Homœopathy*, page 250, by C. Hering, M.D. I would earnestly propose its republication in this journal, and at once. I would also earnestly recommend the republication, of "Hahnemann's Three Rules concerning the Rank of Symptoms," by C. Hering, M.D., found in the first volume of the *Hahnemannian Monthly*, page 5. This article would afford most valuable aid in helping one to "look up a case." Trusting that I have in some measure satisfied the appeal for an article, on the above subject, I am,

Fraternally yours,

H. V. Guernsey.

Philadelphia, Pa.

ABOUT THOSE NEW YORK RESOLUTIONS.

NEW YORK, March 25, 1878.

Editor of the AMERICAN HOM.

DEAR DOCTOR.—Will you please publish the following letter, received by me a few days ago, and my answer. My remarks at the recent meeting of the County Medical Society were so grossly misstated by some of the daily papers, that I am not surprised at receiving such letters. I feel that it is important that I should be placed in a proper position with my professional brethren and the public.

Yours very respectfully,

J. W. Dowling.

OWASSO, Mich., March 18, 1878.

J. W. DOWLING, M.D.

DEAR DOCTOR.—Being ignorant of the nature of the motion voted upon by the New York Medical Society, I am unable to contradict the statements which are being circulated by the "regulars," to the great injury of homœopathic practice. You, as a recognized exponent of homœopathic medicine, are charged with publicly disavowing faith in the law of cure peculiar to our school; and this is flaunted in our eyes every day. May I trouble you for a line on the subject, that I may have authority for my words.

Yours respectfully,

E. A. Ince.

To E. A. INCE, M.D.

MY DEAR DOCTOR.—Yours of March 11th, (addressed to me as dean of the New York homœopathic medical college,) has just reached me. Far be it from me to do or say anything which will injure homœopathy.

In opposing the rescinding of the resolutions (a copy of which I enclose) offered at the meeting of the New York County Homœopathic Medical Society, held on the 8th of February, and passed by an overwhelming majority, but one member present voting in the negative, I said nothing which could possibly be construed into a disavowal of faith in the principle of cure peculiar to our school.

In commencing my remarks I said, "I am a homœopath, and as a firm believer in the homœopathic principle of cure, *Similia Similibus Curantur*, as any physician present this evening or practicing homœopathy to-day." In a practice of over twenty years I have exclusively followed that principle within the field to which it is applicable. But in my experience, as in the experience of every physician, mechanical and chemical conditions are constantly arising requiring mechanical, chemical, and in some instances, local applications and palliative treatment. And when my knowledge of the cause of the trouble I am called upon to relieve, my

knowledge of pathology or my judgment prompts me to resort to any of these measures for the relief of suffering or the saving of life, I do so unhesitatingly; and in so doing, deny the right of any man to accuse me of acting in opposition to the principle of cure by which, as a homœopath, I profess to be guided.

We are so accused by men, who, in the public prints, pretend to *define and expound* homœopathy. I cited the case of a stomach overloaded with indigestible food, which was acting as an irritant, and producing symptoms in my judgment impossible to relieve so long as the irritating cause of the difficulty remained; I said under such circumstances, common sense would prompt me to resort to an emetic. I cited the case of the rectum overloaded with impacted fecal matter, a poison in itself, and enumerated the symptoms, mechanical and septic, which might arise, and said my judgment would prompt me, instead of treating these symptoms primarily, to first resort to measures, an injection or a cathartic to rid my patient of this foreign and effete matter from which all these symptoms arose.

I cited the case of a young graduate of a homœopathic college, who had located in a town in Massachusetts, who had been led to believe that the principle *Similia Similibus Curantur* was all that he would ever require as a guide for treatment in any and all of the cases of sickness which would come under his care. One of his first was a case of post-partum hæmor-

rhage. Armed with his pocket repertory he selected a remedy, and administered it, the bleeding continued; he tried again, and still the bleeding continued, his patient growing weaker and more pallid. He was preparing for a third remedy, when she breathed her last—died a victim to medical incapacity on the part of the attending physician, caused by incomplete and improper teaching by his professor of obstetrics. The young man was ruined, and obliged to give up the foothold he had obtained, and leave the town in disgrace. I said in such a case I should unhesitatingly resort to mechanical measures, and local applications, too, to save the life of my patient, and have repeatedly done so; and in resorting to prompt and effectual measures by which I saved the life of my patient, feel that I but did my duty, and deny the right of any one to accuse me of not being a homœopath.

I cited a case of gall-stone colic, where a homœopathic physician had for hours been prescribing for symptoms without results. He was dismissed and another physician called, who injected a solution of Morphia, hypodermically, giving speedy relief. Here was a purely mechanical condition with no hope of relief, till this gall-stone had passed into the *duodenum*. Under such circumstances I should use Morphia, Chloroform, local applications, or anything that would give my patient relief from his intense suffering, till the cause of the difficulty was removed; and in so doing, would

deny the right of any man to accuse me of not being a homœopath. In other words, to quote from the resolutions, I claim the inviolable right to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments and verified by experience, that shall in my judgment, tend to promote the welfare of those under my professional care.

I favored the resolutions that I might thus practice my profession without being submitted to unjust

criticism by extremists in our own ranks; that I might thus practice without being accused of dishonesty in not adhering to homœopathy, by practitioners of the old school.

No, Doctor; I have not publicly or privately disavowed faith in our glorious principle of cure. The longer I practice my profession the firmer is my faith and the more successful I am in the application of that principle.

Very respectfully yours,

J. W. Dowling.

ALBUMINURIA*.

A. E. SMALL, M.D.

[Professor of Theory and Practice, Hahnemann Medical College and Hospital, Chicago.]

Ladies and Gentlemen: Before calling your attention to the cases of Bright's disease that I shall present to you for the purpose of showing the characteristics of the disease, as well as the therapeutic treatment, which in some instances has proved beneficial, I will give you an outline of its pathology and the simplest method of diagnosis.

Albuminuria may result from a variety of causes, such as contribute to a septic condition of the blood. From this it may be inferred that the prime cause—the ultimate essence of the malady, is not located in the kid-

ney, but in the blood itself, in the form of retained, effete matter, from previous disease, or checked perspiration.

In eruptive fevers, such as varioloid and scarlatina, the energies of the system are directed toward the skin for the purpose of eliminating the poison from the blood. Should this process fail, an extra amount of labor devolves upon the kidneys. During the passage of this poison through the uniferous tubes, an inflammatory congestion is produced which prevents the normal excretion of urine from the blood, and facilitates the passage of albumen fibrin, and other abnormal constituents.

*A clinical lecture delivered to the class attending the spring course in Hahnemann medical college and hospital, April 10, 1878.

Similar conditions often result from measles, erysipelas, and other cutaneous disorders, when the skin fails of eliminating the *materius morbi* from the blood. If, during this struggle to eliminate, the labor falls upon the kidneys, we shall have inflammation of these organs and albuminous urine, a fact which can be ascertained by putting a small quantity of the urine in a test tube and boiling it. If albumen be present it will be seen as a whitish substance in shreds or flakes. Or if a few drops of Nitric acid be added to the urine the albumen will be precipitated to the bottom of the tube. These tests are usually sufficient to ascertain the presence of albumen. In view of the supposition that albuminuria is the result of poisonous or effete matters in the blood, it is apparent that its normal condition is disturbed and the whole organism suffers. Nearly all diseases which arise from a septic condition of the blood, and especially in those fevers where the septæmia is introduced from malarial poisons, which operate to produce a rapid decomposition of the blood, there will be a struggle in the system to relieve the functional derangement of the various organs by eliminating the poison through the cutaneous pores or kidneys or other emunctories. The burden may fall upon the renal system, producing an irritation which terminates in albuminuria.

The general symptoms of Bright's disease are rigors or chilliness, followed by febrile reaction; hot, dry skin;

rapid and full pulse; thirst, dryness of the mouth and throat; pain in the region of the kidneys, which exhibits a tenderness on pressure; irritation of the neck of the bladder, giving rise to frequent inclinations to urinate, especially during the night; scanty, red or smoky urine; loss of appetite; nausea and other signs of gastric disturbance; dull or acute pain in the head and limbs; restlessness and lassitude. These phenomena are speedily succeeded by puffiness of the eyelids and face, œdematous swelling of the body and limbs, and effusions into the serous cavities, more or less extensive. In the pleural cavity undue quantities of serum are often the result of morbid action, in consequence of which, distressing paroxysms of rapid and difficult respiration and palpitation of the heart often occur, from the slightest exertion. In all forms of the disease these symptoms are quite apt to occur every evening and night and to continue with great severity and distress. The quantity of urine is usually much diminished and sometimes nearly suppressed, and when placed under the microscope the sediment reveals epithelial casts, or casts from the inflamed urinary tubes, etc. These are the general symptoms to which many others are added. Your attention is now called to a few individual cases.

CASE I.

A man, thirty-five years of age, when convalescent from a typhoid fever, was attacked with acute albuminous

nephritis, with pains in the head, back and limbs; thirst; restlessness; nausea; rapid, difficult and anxious respiration; oedematous swellings of the face and extremities; also hydrothorax and ascites. This case was successfully treated with *Apis melifica*, first with the tincture, and then with the sixth dilution; then the twelfth and afterward with the thirtieth, which seemed to be the most effectual in completing the cure. We have used this remedy with satisfactory results in many cases of Bright's disease of the acute form; and even in all forms of the malady we may find symptoms that would indicate the utility of this remedy.

CASE II.

A girl seven years of age was attacked with a severe cold from which an acute form of Bright's disease originated. She had moderate fibrile symptoms, headache and pains in the back and limbs, and general oedema; frequent urination, with small, red and turbid discharges. Nitric acid precipitated albumen and also boiling revealed its presence. *Apis* 6th dilution was first administered, as follows, a few drops in half a tumbler of water and a desert spoonful of the mixture was given every three hours for two or three days. In some respects she was benefited by this prescription but her respiration still remained unchanged. *Apis* 30 was given with more apparent benefit. Under the use of this remedy she convalesced rapidly until the tests

disclosed no albumen in the urine. Her recovery was complete.

CASE III.

A child four years old, after a mild attack of scarlet fever, exhibited signs of anasarca which developed rapidly, implicating the chest and abdomen. She passed but a limited quantity of highly-colored urine, containing much albumen. *Apis* 30th decimal attenuation was prescribed and she rapidly recovered under this treatment. The mode of administration was in pellets, saturated with this dilution, globules being given at intervals of two hours. In this and the preceding case, a milk diet was allowed. It may be stated here that *Apis* against albuminuria following scarlatina, has received the credit of being a most important remedy, and from our own experience we give it an unqualified endorsement.

CASE IV.

A young lady, aged twenty, who twelve years previous had a severe attack of scarlatina and a painful sequel in the form of dropsy, was apparently cured; and yet at times she experienced more or less trouble with her kidneys and bladder. When she had attained the age of fifteen years, she was found to be the victim of chronic Bright's disease, and it was believed by her physician, that her case was incurable. But her appetite being good and her vivacity unusually apparent, led her parents to hope for the satisfaction of seeing her cured. They took her to Europe and consulted the most eminent skill in her

case, but they met with little encouragement. She returned to Chicago, and gradually failed. She lived but nine months after her return. The life of this young lady was apparently prolonged by medical treatment. When first called to see her, she was suffering from intense pain in the back; frequent desire to urinate; strangury; urine red, scanty and fetid; face swollen; puffy appearance about the eyes. Under the use of Terebinth 3, taken every two hours, many of these symptoms seemed to be mitigated, at any rate her sufferings were less severe. Arsenicum relieved oppressed respiration, and at times the dropsical symptoms were evidently improved. Notwithstanding this case was incurable, she evidently derived great benefit from remedies; Digitaline would in a measure control the heart's action, Apis m. would greatly relieve the oppressed respiration. There is generally a chance to exercise the highest skill in this disease. To prolong such a life as this young lady's one single month would greatly benefit all her acquaintances, and do more for the world than an absolute cure of many less deserving persons.

CASE V.

The case which I now present for consideration, is yet under treatment. G. P. W., aged forty-five, was taken, seven weeks ago, with headache, rigors, fever and a severe cough, pain in the back, painful urination and tenesmus of the bladder. He had frequent inclination to urinate, especially during the night. So great

were his sufferings that for several days and night's he did not sleep. He supposed he had contracted a severe cold, which thus afflicted him. Cantharis, 3d decimal dilution, was prescribed, to relieve the tenesmus of the bladder. He had considerable fever and great tenderness in this region. The urine which he passed at first contained much mucus of a white character, and every time he attempted to evacuate the bladder, he suffered the most agonizing pain from straining and tenesmus; Aconite, 3d decimal dilution, was given to allay the arterial excitement. This was followed by Terebinth, 3d decimal attenuation, after which he expressed decided relief from suffering, but still there remained the frequent desire to urinate; he passed but little at a time, very frothy and evidently mixed with mucus. The cystic inflammation was less, but on observing a puffy appearance of the eyelids, it occurred to me that his urine might be albuminous, which I found by appropriate tests to be the case. He nevertheless improved under the use of the Terebinth, and was able to get some rest. By testing his urine daily with heat and Nitric acid, it was ascertained that large quantities of albumen were present. He lost flesh rapidly during the first two weeks of his illness, and he suffered constantly with tenesmus of the bladder and frequent desire to urinate, but in every other respect he was more comfortable. Silicea 30 was given after Cantharis, and this was followed by Pulsatilla, the 3d

decimal. From these remedies he obtained a decided amelioration, and yet he continued to feel an urgent desire to urinate frequently, but with little or no pain. This patient still requires careful treatment; he has a good appetite and his strength is gradually returning. For the last two weeks, he has been improving under

the use of Apis m., 3d decimal dilution, ten drops in half a goblet of water, and dessert spoonful doses, repeated every three hours. He is able to leave his room, and is apparently recovering. This man undoubtedly suffered from a complication of cystitis and nephritis, brought on by exposure and fatigue.

"SIMILARS" IN CHEMISTRY.

A. R. BARRETT, M.D., NASHVILLE, TENN.

Chemistry I consider not only a primary, but a continuous branch of study, in the medical profession. Its benefits are by no means confined to the old school. Hahnemann himself was a thorough chemist; and his knowledge of chemistry was of great assistance to him in the researches and experiments, leading to the formation of a new materia medica, and a new posology and pharmacology.

To the study of chemistry I have given much attention, but not until reading the January number of the *Hahnemannian Monthly*, on page 372*, did I learn that the chemical elements act upon upon one another according to the law of similars; especially that "the similars attract one another and the contraries repel one another"! also that, in a case of poisoning, "by administering a chemical antidote we administer a substance

which attracts the poison we wish to destroy, and the process of attraction could not take place did not two similars meet," etc.

The law of similars is a therapeutic law, a guide in the administration of medicines; but I have never supposed its dominion to extend over the chemical field. If such be the case, Dr. Lippe has excelled his master in the line of discovery, and must be the author of a grand revolution in chemistry.

In the treatment of poisoning, that law has not been followed, but instead, chemical and mechanical principles, pointing out means to counteract the effects of the poison or to eject it from the system.

Chemistry has directed us to administer a substance which, upon uniting with the poison, effects a chemical combination, changing the properties of both and forming a new compound that is harmless.

*Article by Dr. Adolph Lippe.

It is a well known fact in chemistry that there is a positive and a negative force existing throughout all the elements which governs their powers of attraction. There are different degrees of positiveness and negativeness in these elements; and the attractive force is in proportion to these degrees. The law of chemical combination is, that all bodies combine in fixed or definite proportions. To effect this kind of a combination it is necessary that positive elements and negative elements be brought together.

Thus Iron, a positive element, and Sulphur, a negative element, when combined in certain proportions, form a pure chemical combination called Sulphate of Iron. This combination will only take place in definite proportions. Suppose, however, any two of the metals, which are known as positive elements, be melted together, they will form an alloy, but not a pure chemical combination.

Suppose a case of poisoning by Arsenic, one of the best antidotes is Sesquioxide of Iron, or as is sometimes used, Dialysed iron. Now Arsenic is a negative element, while Iron is a positive element, and when a combination takes place between them, in the system, a new and insoluble and comparatively harmless compound is formed. If both were of the same degree of force neither would affect the other.

This combining power is carried to a still greater degree. All bodies, or elements, are divided into infinitesimal parts called molecules, and these

molecules are made up of groups of atoms. These molecules and atoms have powers of attraction. With molecules that are alike this power is called cohesion, and with those that are unlike it is called adhesion. Molecules of gold, or salt, being alike are held together by cohesive attraction; those of granite or gunpowder, being unlike, are held together by adhesion. The atoms which make up a molecule of gold, or of salt, are united by chemical attraction. Atoms combine by a power which is called their polarity, and are divided into two classes, according to the quality of their combining power. These classes are the *positive* and *negative*.

They are found in all degrees of positiveness and negativeness in the elements, beginning with cæsium, the most positive, and ending with oxygen, the most negative. Take, for instance, the chemical combination of Chlorine and Sodium, called Chloride of Sodium, or common salt. Under the influence of electricity decomposition would take place and the Chlorine, which is a negative element, would collect at the positive pole of the battery, while the Sodium, which is a positive element, would collect at the negative pole.

Take water, which is a combination of a negative element, oxygen, and a positive element, hydrogen; by the action of electricity we separate them, the water disappears and in its place we have two gases, entirely unlike, both in their molecular composition and action, and yet in water they are

combined in fixed proportions. Take the air, and we have oxygen and nitrogen, two negative elements so nearly alike in their negativeness that they will not combine, except under peculiar circumstances and under the influence of electricity. Oxygen and Flourine, both negative elements, will not combine at all.

It seems to be a general law, in chemistry, that bodies most opposed to each other in chemical properties, evince the greatest tendency to combine, and those which bear the greatest resemblance to each other, or "*similars*," manifest the smallest amount of mutual attraction. Hydrogen and the metals, which are positive elements, have strong tendency to combine with oxygen, Chlorine, and

Iodine, which are negative elements. Acids are negative and alkalis positive, and the power of attraction between them is strong; but union among themselves rarely takes place.

In magnetism we find the same law governing the power of attraction. There we have the positive and negative poles; two positives never attracting each other, nor two negatives; but the attraction is invariably between opposites.

Go where you will in chemistry, you will find that the force of the true combination of elements, and of all attractions, is in direct proportion to the degrees of *difference* in the character of the elements concerned.

The "law of the similars" does not apply.

NEW PUBLICATIONS.

The Organon: An Anglo-American Quarterly Journal of Homœopathic Medicine and Progressive Collateral Science. THOS. SKINNER, M.D., and E. W. BERRIDGE, M.D., England; AD. LIPPE, M.D., and SAM'L SWAN, M.D., United States, Editors.

In the introductory by the British editors of this new quarterly we notice first, "Our reasons for the publication of the *Organon*"; second, "Our reasons for choosing this particular time," and third, "The objects we have in view."

First as to the reasons for publica-

tion. The address states that there is a false as well as a true homœopathy, having a similarity to each other (of a superficial kind), hence, the young student needs to have the true separated from the false.

Again, that Hahnemann discovered a system which he called Homœopathy, giving in his *Organon* the plainest rules for the application of this system; hence, it is deduced that while a physician has a right to practice any system of medicine deemed by him best, "he has no right to style himself an homœopathist who does

not firmly believe in all Hahnemann's practical rules, and strive to carry them out to the best of his ability." Various departures from these rules, it is stated, have been taken, all of which are inferior to the starting point. As instances it cites:

1. The pathological school.
2. The school of morbid anatomy.
3. Organopathy.
5. Schusslerism.

Again it is observed that the similimum being selected it should be given alone. "Our master says, 'In no case is it required to administer more than a single, simple medicinal substance at one time.'" Following this, a number of allopathic prescriptions from homœopathic (?) doctors are transcribed, some of which are from teachers of homœopathy, for whom sympathy is expressed (they having formerly been allopaths in name), with a protest, however, against such teaching.

Again, it is stated that Hahnemann teaches that, the best dose of the well-selected remedy is always the very smallest one; that the system of the patient being related to the remedy homœopathically, may receive the greatest harm from too large a dose, the more in proportion as the remedy and the system sustains this relation to each other, hence the deduction, "the nearer homœopathic the remedy to the case the higher should be the potency." Those who have found the low potencies to act best are not blamed for using what is with them the more successful. Last of all, no

medical journal represents Hahnemann's teachings, solely, therefore the call for the *Organon*.

Second, the present time the most suitable for such an undertaking. In short, now is the time to take a firm stand against the various "departures,"

And third, the object. We may quote a brief sentence to show this: "It now remains only to instruct those who are wavering and bring them over to our side."

Such is a brief synopsis, embracing the salient ideas so fully elaborated in the original address.

In review let us take these salient ideas and give to them what we deem a healthy criticism.

That there is a false and a true Homœopathy, demanding for the benefit of the young student a separation, is a statement that cannot be contravened. It is equally certain, we may add, that this setting apart of one from the other cannot be faithfully done in a partisan spirit. Homœopathy's champion, then, should be divested of this spirit.

Is the *Organon* so divested?

Hahnemann discovered our law, and named the system based upon it Homœopathy, according to the significance of the word. This, long before his experience had evolved those "practical rules." Does it logically follow that "he has no right to call himself an homœopathist who does not firmly believe in all Hahnemann's practical rules," which were added to this system years after it was christened, and he himself was widely

known and persecuted as an homœopathist? These practical rules are submitted to our judgment and experience, and may be adopted by us, as by him, after experience has proved their utility.

As to the various departures from what the *Organon* considers homœopathy, all of them may increase our intelligence while making a symptomatic prescription. The symptomatic indications, for the most part, are not ignored in the prescription of the so-called pathologist, the fault is in adhering to the extremes on either side. The so-called pathologist has his choice in drugs after he has, or thinks he has, learned the pathological condition. This choice the symptoms suggest. We do not excuse the generalizers in their neglect to study symptoms, their meaning and the remedy they point to. We do not see how homœopathy can be applied without these symptoms as a guide. But we do say that the extremes are throwing stones, and both are being injured thereby.

As we have seen the *Organon's* error in defining an Homœopathist, so we shall see a like error in their "Hahnemannian." For it has often been a query to us how the so-called Hahnemannians could arrogate to themselves that name, transcending as they do, to the extent of infinity itself, Hahnemann's possible practice as regards dose or potency. The veriest tyro with his mother tinctures, prescribing faithfully by the *law*, with the single remedy, can claim to be a

Hahnemannian, (for he has actually commenced with the original homœopathy, and experience will lead him, as it did Hahnemann, upward in the scale of dose), while those who arrogate to themselves this name have long passed from the state of followers into that of leaders of the "Master."

With the *Organon*, we protest against the half-converted allopathic teachers in our colleges, who absolutely bring disgrace upon *pure* homœopathy by their allopathic teachings and prescriptions. Our professors ought, at least, to be Hahnemannians in the true sense of the word; and that it might not be necessary for the young student to commence this scale of dose at the foot, instruction should come from those who enjoy in their practice all the liberality in regard to dose that Hahnemann, in his experience, gave evidence of. We can also heartily endorse the one remedy, making that second only in principle to the great *law*. We are glad that the *Organon* is willing to receive clinical cases anywhere in the scale of potency—these are our sentiments. We only insist that enthusiasm shall not run away with the foundations of our system, placing them above those who are willing to commence with Hahnemann, and if it "only remains to instruct those who are wavering and bring them over to our side." we insist that the instruction shall fairly represent homœopathy.

In conclusion, we can but notice the frequent reference made to Hahnemann as "Master," his smallest utter-

ances cited with the same conclusiveness as we would quote the Bible, or the Catholics the Pope. Hahnemann, while he was so great and good, *may have been* fallible. At any rate we are taught that there is only one Being we may worship. Let us then *honor* man, accepting his teachings because they are *true*, rather than because he says so. Very many parts of this introductory of which mention has not been made, we can heartily endorse,

and we are assured that the *Organon* will do much good in the teaching of materia medica and the single remedy, but some its teachings are so far beyond those of Hahnemann that no young "student" will hastily put himself under the influence of its good when years of study (and oft times experience) is required before he can accept even the full system as Hahnemann left it.

THE OPIUM HABIT.

J. R. HAYNES, M.D., INDIANAPOLIS, IND.

In my former article, on page 105, there are several errors, and I wish to ask your indulgence again and to be more explicit.

In June, 1856, Mr. S. took, for the purpose of committing suicide, one ounce of the Tincture of Opium. I saw him about one hour after. At that time several men had him in charge, trying to walk him about, slapping his face and hands to keep him awake. His face was haggard and cyanotic; breathing heavy and labored, nose pinched, eyes closed, it being impossible to get any intelligent answers from the patient.

I prepared fully thirty grains of pulverized Ipecac. in a cup of warm water, had him placed on a bed, head propped up, when we forced it down him, but before emesis took place he began to show signs of the antidotal

effect of the Ipecac. The vomiting was kept up by giving luke-warm water, for nearly an hour, when most of the Opium symptoms had disappeared. He felt weak for two or three days, when he regained his usual health without further medication.

This gave me an idea that Ipecac. would antidote the Opium habit, and I determined to apply it on the first opportunity.

In about six weeks I was called to see Mrs. B., who lived about two miles in the country—had flux, which was relieved with Colocynth 6 and Belladonna 6.

Mrs. B., had taken ten grains of Morphine per day for several years. Nose pinched up, eyes sunk back in the head, skin of a dirty-yellow color. A fine specimen of an Opium eater. I told her that I believed I knew of a

remedy that would antidote the Morphine habit. She was anxious to be relieved of the accursed habit (as she called it), and readily consented to a trial. After procuring the co-operative assent of her husband and family, I demanded *all* the Morphine and Opium in the house (which I carried away), and a promise that no one should be allowed to procure or give to her the least particle of either. I prepared thirty drops (m.) of the mother tincture of Ipecac. in half a glass of water, and ordered one large-sized teaspoonful, to be administered every hour—would see her the next day. She passed a very restless night, uttering imprecations on my head for carrying away her Morphine. Continued the same dose of Ipecac. The second night she was not quite so restless. Continued the same treatment for one week, when I offered her her Morphine bottle, which she refused to take. Said she had had enough of the accursed stuff, and would never take any more. I then diminished the dose and lengthened the time for about two weeks. The only remedy given was the Tincture of Ipecac. In looking over the older writers I found that they had placed Ipecac. amongst the antidotes of Opium.

This case brought me several others, all of which I gave the same remedy and in the same way; making it a rule to give five drops of the

homœopathic tincture of Ipecac. for every grain of Morphine, or its equivalent in Opium, taken during one day, i. e., if the patient took five grains of Morphine per day $5 \times 5 = 20$ drops of the Tincture of Ipecac. in half a glass of water, one teaspoonful every hour, or the whole to be taken during the twenty-four hours.

I have had no breaking down of the system or giving away of the vitality or any part of the system. There will be loss of appetite for a few days. Great restlessness, with mania for Opium, and they will take it if they can procure it. I find that the greatest danger is congestion of the brain, which I have controlled with Belladonna 6 or Atropine 6. Any complication which may arise can be easily combatted with the properly selected homœopathic remedy. I believe that Ipecac. given as above will cure or antidote every case of Opium habit. To do so it will be necessary to put out of their reach all Opium or its salts, for they will take it if they can get it for the first few days; also to get the assent of the family that they *will not* procure it for them.

The worst time is from 10 P. M. to 4 A. M., it will be much easier to tide them over the balance of the twenty-four hours. I have trusted almost exclusively to the Ipecac., diminishing the dose and lengthening the time between doses after the first few days.

EDITOR'S CABINET.

Liberality in medicine, as in religion, has come to mean simply a letting down in principle, carelessness, inaccuracy, generalization. A sad deviation from its normal signification—largeness of mind, candor, impartiality. This degenerated liberality is pushing its way into every department of medicine, striking at the very vitals of homœopathy, in consequence of which we have fusions dissensions, actual quarrels, where the tennets of belief are so plain, the worth of the homœopathic principle so easily demonstrated that perfect harmony and good feeling should exist. This spirit of carelessness rife now in the practice of medicine has at last come to invade our principles of pharmacy. The fathers in homœopathy prepared their tinctures and dilutions by actual scale and measurement; they triturated medicinal substances a full hour, with pure sugar of milk. Now fluid extracts, the preparation of which is most uncertain, are often substituted for tinctures; dilutions are made by guess rather than by measurement; triturations are made in from fifteen minutes to half an hour, and made with prescription powder, a cheap preparation—(cane sugar and starch), and all this supported by *homœopathic sentiment*. We do not affirm that this is practiced by pharmacies in general, yet it is a spirit that is at work which would not be as dangerous to the purity of pharmacy, did it not receive the endorsement of many teachers in the medical profession, as well as a hearty second by careless doctors who want to buy medicines cheap. To illustrate what has been stated we had opportunity, at one time, to exchange grafts of high for a set of low dilutions. The goods offered in exchange were originally bought of Halsey Bros. Knowing this firm and of their reputation, the proposition was accepted without further question. When the medicines were received, however, it was noticeable that they were "irregular," second and third centesimal dilutions often showing strong traces of color; enquiry elicited the fact

that this doctor had formerly *practiced* as an eclectic, taken part of one course in a homœopathic college and graduated a finished homœopath. He had indeed bought the tinctures of a reliable homœopathic pharmacy, as claimed by him, but had run them up by guess, on the principle of "liberality," making them—worthless.

Now this growing laxity among the profession is a sad reflexion upon our homœopathic colleges, either in reference to the character of instruction given, the length of their prescribed course of study, or both. The fact is, many of the so-called students of medicine enter college with a meagre common school education, and with exceedingly crude ideas as to what homœopathy is; others are confirmed eclectics to begin upon, who think there is something in homœopathy, all of which they can acquire in a few weeks at the last end of a winter course. These two classes "cram" and get through in the shortest possible time, and "crammed" knowledge is not of the abiding sort. A year or two of practice and all that is left of their homœopathy is a gilded sign at their office door. A shame on our colleges for graduating such material; on our pharmacies for pandering to their patronage. Only three months ago we quoted from an allopathic professor, "triturate a good while"; a druggist said, "an half hour is hardly time enough to triturate the one-fiftieth of Morphine"; now we quote the words of an homœopath, professor in a college, "fifteen minutes or half an hour is enough time to spend on a trituration, and prescription powder is as good as sugar of milk." In a former number of this journal, an eminent pharmacist suggests that triturations marked a certain attenuation should exactly correspond in amount of drug-substance with dilutions of the same potency. This sentiment we can subscribe to, because it tends toward exactness. But we must cry out against this growing inaccuracy. We are glad to note that the western homœopathic colleges have arranged for a delegate personal conference on the subject "Improvement of the standard of college and doctorate requirements," this meeting taking place at Indianapolis, Ind., May 21st and 22d. This is a grand step in the right direction, and if this improvement is made, both in length of the term of study and in the integrity of *homœopathic* teaching, these now growing evils will die of inanition.

MEDICAL MEMORANDA.

WESTERN ACADEMY.

The Fourth annual and Fifth regular session of the Western Academy of Homœopathy will be held at Cincinnati, Ohio, May 14th, 15th, and 16th, 1878, in connection with the Homœopathic Medical Society of the State of Ohio. Joint conventions for the reading and discussion of papers, etc., will be held as was done last year at Indianapolis, and so far as possible, the bureaux of the two societies will follow each other.

The headquarters of the officers of the academy will be at the Gibson house, and it is hoped that as many members as possible will find it convenient to be there. This elegant house has reduced its rates to \$2 per day to all in attendance on this meeting, whether as delegates, members or visitors. Certificates of attendance will be given to all such on application at the general secretary's office during the session. Other hotels will also doubtless make a reduction in price.

An additional attraction will be found in the great musical festival under the direction of Theodore Thomas, which will be held May 14th, 15th, 16th and 17th, at Cincinnati, affording an agreeable recreation to all who desire to attend. No evening sessions of the academy will be held, unless specially ordered.

Excursion tickets from all over the north-west will be on sale to the musical festival. Physicians and others can purchase these, as they will be sold at the same rates as would be specially made to the members of the Academy. Where no excursion tickets are on sale, tickets to the nearest large station may be bought, and from thence excursion tickets; or full fare may be paid, and certificates will be given, on which most (if not all) railroads will sell return tickets for one-fifth fare.

A programme for the especial entertainment of visiting physicians consisting of reception, visit to the zoological gardens, etc., has been arranged by the resident physicians of Cin-

cinnati and Covington. The direction of all has been placed in the hands of M. M. Eaton, M.D., a sufficient guarantee of completeness and pleasure.

Applications for membership may be addressed to the chairman of the board of censors, M. M. Eaton, M.D., Cincinnati, O. Blank applications will be furnished on application to him, personally or by letter.

Papers on any medical subject may be sent direct to the general secretary, and will be given to the chairman of the proper bureau. Papers are welcome from all physicians whether members of the Academy or not.

Arrangements are fully completed for all who may come, and a large attendance is confidently expected.

The joint session will be held daily, from 9.30 A. M., until 1 P. M., and from 2 until 5 P. M., subject to the action of the two societies. The details of arrangements will be made known at the first joint session.

FIRST DAY.

The Academy will be called to order at 10 o'clock, by the president. The president's opening address will then be delivered, followed by a welcoming address from the local committee of arrangements.

The Academy will then meet with the Ohio Society, when will follow the reports and papers of the various bureaux:

Registration, Legislation and Statistics.—Drs. G. H. Patchen, G. N. Seidlitz, O. S. Runnels, F. Duncan, A. E. Higbee.

Provings.—Drs. L. D. Morse, W. L. Hedges, J. A. Campbell, H. B. Fellows, M. J. Chase, N. Wright.

Gynecology.—Drs. O. S. Runnels, S. R. Beckwith, W. H. Hunt, W. C. Richardson, G. H. Blair, G. H. Patchen.

Clinical Medicine.—Drs. G. W. Foote, W. L. Breyfogle, N. H. Lowry, M. Ayres, G. N. Seidlitz, W. T. Vergen, A. E. Higbee, W. H. Hunt.

Pharmacy.—Drs. T. D. Williams, E. M. Hale, H. B. Fellows, T. P. Wilson, J. R. Pollock, J. T. Boyd.

SECOND DAY.

Ophthalmology and Otolary.—Drs. C. H. Vilas, J. A. Campbell, T. P. Wilson, W. H. Woodyatt.

Obstetrics.—Drs. G. S. Walker, W. Eggert, W. Bowen, M. M. Eaton, C. B. Sarchet, A. H. Potter.

Surgery.—Drs. S. R. Beckwith, E. C. Franklin, S. B. Parsons, A. C. Cowperthwaite, A. H. Potter, J. J. Lobaugh, P. B. Sparks, A. C. Jones.

Materia Medica.—Drs. W. L. Breyfogle, T. C. Duncan, M. M. Eaton, R. B. McCleary, J. M. Kershaw, J. H. Miller, W. R. Elder, J. P. Geppert.

Diseases of Children.—Drs. T. C. Duncan, R. L. Hill, H. C. Shouse, M. S. Carr, W. H. Blakely, F. Duncan, C. Gunderlach, Mrs. M. W. Porter.

THIRD DAY.

Anatomy, Physiology and Psychological Medicine.—Drs. G. W. Bowen, J. D. Buck, G. W. Foote, R. H. McFarland, P. H. Worley, J. H. Miller, A. C. Cowperthwaite, J. C. French.

Sanitary Science, Climatology and Hygiene.—Drs. W. C. Richardson, S. R. Huson, E. A. Murphy, E. R. Jackson, L. Hubbard, C. A. Qurell, P. G. Valentine, C. C. Hollingsworth.

The next business in order will be the reports of committees not previously reported—unfinished business—new business—selection of time and place of next meeting—election of officers for the ensuing year—adjournment.

All information not given herein on any subject connected with the Academy, may be obtained by addressing C. H. Vilas, general secretary, 56 East Washington street, Chicago.

ANOTHER JOINT.

The joint annual meeting of the Missouri Institute of Homœopathy and the Kansas and Missouri Valley Medical Society, will be held at Kansas City, Mo., May 1st and 2d, 1878.

These societies having appointed the same time and place for their annual meeting, it has been proposed to unite their proceedings, in the hope that a concentration of effort may be productive of more good to the members and the profession generally, than if either society met alone. Every effort will be made to make this meeting the pleasantest and most interesting ever held in the west. The time will be occupied in the consideration of medical subjects by some of the ablest minds in the profession. Members of the societies and other homœopathic physicians are cordially invited to attend this meeting and to prepare papers for presentation. Physicians unable to attend, will please forward their papers and reports to the secretaries, D. T. Abell, M.D., Sedalia, Mo., or W. H. Jenney, M.D., Kansas City, Mo. Arrangements have been made with the Coates house, well-known as a first-class hotel, to entertain those attending the meeting at a reduced price, where rooms have been engaged for the use of the societies. Members are requested to meet promptly at two o'clock P. M. on the 1st of May, when an order of business will be adopted. The street cars run direct from the depot to the hotel. The citizens of Kansas City will give a banquet to the members of the societies on the evening of May 1st, at the Coates house.

ITEMS OF INTEREST.

The Illinois Homœopathic Medical Association will meet in Chicago, May 21st to 23d.

The Illinois Valley Homœopathic Society meets at Mendota, May 1, 1878. Sessions, 1.30 and 7.30 P. M.; at Dr. J. A. Hoffman's office.

The First regular annual meeting of the California State Homœopathic Medical Society, will be held in San Francisco, on the second Wednesday in May

The Fourteenth annual meeting of the Wisconsin State Homœopathic Medical Society, will be held at Milwaukee, on Thursday and Friday, June 13th and 14th, 1878.

The New York Ophthalmic Hospital cor-

ner Third avenue and Twenty-third street present the following report for the month ending March 31, 1878:

Number of prescriptions.....	4109
Number of new patients.....	513
Number of patients resident in the hospital.....	33
Average daily attendance.....	158
Largest daily attendance.....	219

The attention of those who are interested in electrical apparatus, is called to the advertisement of Flemming & Talbot.

The Illinois State Board of Health will publish, as soon as practicable, a directory giving the legal status, date and place of graduation, with other points of interest pertaining to *all physicians and midwives* in this state. Such a work is an absolute necessity and will be the first of its kind in this country.

CLINICAL THERAPEUTICS, PART V.

We have this addition to our valuable textbooks to announce. We are pleased to see this range of the remedies so fully and truly illustrated. Particularly have we enjoyed the perusal of "Sepia" because it has helped to confirm a very delicate and important prescription. The response to which in the 55,000th was a complete cure. We shall often take occasion to study these cases. We can heartily recommend these studies to the profession.

ERRATA.

DETROIT, Mich., April 18th, 1875.—On page 163, first volume, tenth line from the bottom, insert the word "this" between "is" and "universality," so that it will read "is *this* universality," etc. On page 164, second column, top line, the words "at least" have been interpolated. On the same page and column, sixteenth line from the top, the last word in that line should be "its" and not "the" so as to read "instead of its symptomatic phenomena." On page 165, first column, twentieth line from the top, after the word "exact," at the end of that line, there should be no comma (,); as it now reads the meaning of the sentence is not accurately conveyed. On same page, second column, eighteenth line from top, read "into" for "with,"

as it stands in print, so that it shall read, "arranging themselves into groups." On the same page, same column, sixth line from bottom, for "much purated," read "much perverted."

T. F. Pomeroy.

KNOXVILLE, Tenn., April 19th, 1878.—J. P. Mills, M.D.—Will you have the kindness to correct in your next number a few errors that escaped the proof-reader's notice, in my paper in the April number of your journal. Page 154, eleventh line from bottom, read ever for even. On page 155, should read "searching for truth (not, as yet, surely, contention for theories,) should be the motto," etc. Page 156, the quotation from Hamlet, "armed at all points, exactly *cap-a-pie*." Page 157, for "discuss" the existence of tubercle, read discover. I hope that the subscription list is equal to the excellence of your journal. If so, it is a good one.

S. Saltmarsh.

In the April number of your journal, page 153, I should have given credit to Dr. A. G. Beebe instead of Dr. G. D. Beebe, for the method of treating sprains with adhesive straps.

H. V. Miller.

AD EUENDUM.

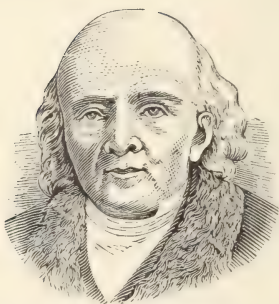
For the information of physicians who wish to attend the Western Academy we will state that the round trip fare from Chicago is \$12. The HOMŒOPATHIST will be glad to see all those who can make it convenient in passing through our city to call at its headquarters.

Attention is called to Wilson's Adjustable Chair. Physicians visiting the city are invited to call and see the latest improvements in this chair. A doctor's office is not complete without this great convenience.

Our pharmacies take this opportunity to invite medical men to call and see their goods as they are in the various stages of preparation and notice their facilities for, and method of, manufacturing the numerous medicinal substances.

Dr. C. H. Long informs us that he has located at Pontiac, Ill., and has a fine opening.

PUBLISHERS' PARAGRAPHS.



MAY, 1878.

The AMERICAN HOMŒOPATHIST is issued on the first of every month; each number contains forty-eight pages of fresh, scientific, and above all *practical* reading matter; it is a live, progressive and thoroughly loyal homœopathic journal; it eschews all disputations, and aim to furnish only practical literature such as would be of value to the earnest student and to the physician at the bedside of the sick. Its value as an advertising medium is best attested by the large and increasing patronage we have derived from those who can bear testimony on this point from practical experience. From time to time we shall add new features, which we hope will be considered improvements. The subscription price will remain at two dollars a year, although prompt payment will be insisted upon. Six numbers constitute a volume. Volumes commence with the July and January numbers.

All articles for publication should be addressed to the editor, J. P. Mills, M.D., 125 Western avenue, Chicago. Subscriptions, advertisements, etc., to A. L. Chatterton & Co., 121 Dearborn street, Chicago, or, 23 Park Row, New York.

All postage is prepaid by us.

Subscription, two dollars a year.

Always state with what issue you desire your subscription to commence.

Subscribers who have not received *all* back numbers, will confer a favor by informing us immediately.

Postage stamps of the 2-cent or 3-cent denomination may be used when necessary to remit fractions of a dollar.

Subscribers wishing to bring the HOMŒOPATHIST to the notice of their friends, can have *specimen copies without charge* mailed directly from this office, by sending the address to us.

The receipt of subscription will be acknowledged by sending the HOMŒOPATHIST to the address of the person ordering it.

In addressing the publishers, please give your Post Office, County, and State, with name of street and number (if any), in full.

In remitting for single subscriptions it will usually be safe to send in a *well-sealed, plainly-directed* envelope; but in sending larger sum always procure a Post Office Money Order or send in Registered Letter.

Persons ordering a change in the direction of this journal must give both the *old* and the *new* address in full. No change can be made after the 25th of any month in the address of the journal for the following month.

Subscribers will oblige us by renewing their subscriptions a short time before they expire. This saves us the labor of erasing the names and re-entering them upon our books, and also insures the prompt receipt of the journal by the subscriber.

Subscribers and correspondents will confer a favor by being particular in writing their name plainly. Care in this respect will save us much time in deciphering illegible writing, and prevent many annoying and unavoidable mistakes. Names and places familiar to the writers are not so to us; a little care on the part of the writer would save us much valuable time.

SHARP & SMITH,

MANUFACTURERS AND DEALERS IN

Surgeons' Instruments

AND

PHYSICIANS' GOODS.

WESTERN AGENTS FOR

Geo. Tiemann & Co.'s Celebrated Surgical Instruments,
And Jerome Kidder's Batteries,
Manufacturers and Importers of

ALL KINDS OF SURGEONS' INSTRUMENTS AND APPLIANCES

FOR THE

*Mechanical Treatment of all DEFORMITIES, Debilities, and Deficiencies
of the Human Frame.*

ARTIFICIAL ARMS AND LEGS.

No. 100 RANDOLPH STREET,

Between Clark and Dearborn Sts.

CHICAGO.

INSTRUMENTS AND BATTERIES REPAIRED.

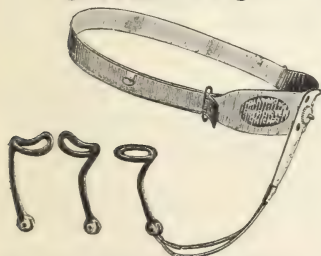
YOU SHOULD TRY

One of these Supporters if you wish to benefit your patients. Remember, I will take back any instrument that is not satisfactory to both patient and physician after one week's trial, if it cannot be made satisfactory by changing the ring, and will cheerfully and promptly refund the money. PLEASE DO NOT FORGET IT. *Send for Circular.*

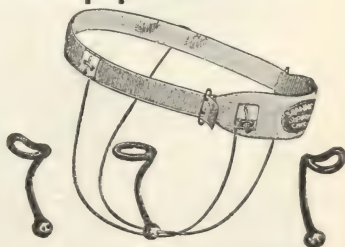
Shannon Uterine Supporters

For the Successful
Treatment
of all
Displacements
of the

WOMB.



SELF-ADJUSTING SUPPORTER.



ELASTIC SUPPORTER.

J. S. Shannon, 27 Washington St., Chicago.



The attention of the medical profession is invited to this instrument as the most perfect ever invented for treating Prolapsus Uteri, or Falling of the Womb. It is an Abdominal and Uterine Supporter combined.

The Abdominal Support is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

The Uterine Support is a cup and stem made of very highly polished hard rubber, very light and durable, shaped to fit the mouth of the womb, with openings for the secretions to pass out, and which can be bent to any curve desired, by heating in very hot water.

The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic adapt themselves to all the varying positions of the body and perform the service of the ligaments of the womb.

The Instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer in all cases of Anteversion, Retroversion, or any flexion of the Womb, and is used by the leading Physicians with never failing success even in the most difficult cases. Price—To Physicians, \$8.00; to Patients, \$12.00.

Instruments sent by mail, at our risk, on receipt of price, with 16 cts. added for postage; or by Express C.O.D.

Dr. McINTOSH'S NATURAL UTERINE SUPPORTER COMPANY,
296 West Lake Street, Chicago, Ill.

Our valuable Pamphlet, "Some Practical Facts about Displacements of the Womb," will be sent you free on application.

Wanted.

We will pay twenty-five cents, or, will send a binding case free, for the November number (1877,) of the HOMOEOPATHIST. Address, A. L. Chatterton & Co., 121 Dearborn Street, Chicago.

FLEMMING & TALBOT, MANUFACTURERS OF ELECTRO-MEDICAL BATTERIES, PHILADELPHIA, PA.



NO. 100 RANDOLPH ST., CHICAGO, ILL.

In improvement of design, delicacy of adjustment, elegance of finish and adaptability to all the wants of the profession, our Batteries are not only not surpassed, but are not equaled by any other Batteries, American or Foreign, in the market. They received the First Award at the Centennial, and are now used and recommended by the highest medical authorities in the country.

We have made arrangements with Messrs. Fleming & Talbot, to act as Special Agents for the sale of their Batteries, and have no hesitation in saying that their Batteries are as absolutely perfect as science, experience and workmanship can make them.

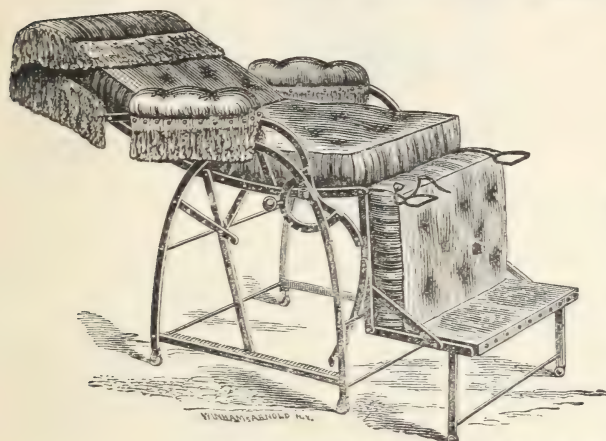
Send for Catalogue to

SHARP & SMITH,
AGENTS,
100 Randolph St., Chicago, Ill.

The Wilson Patent Adjustable Iron Operating Chair

FOR PHYSICIANS.

NO OFFICE COMPLETE WITHOUT IT.



It can be tilted clear back level, and the foot elevated, thus making it most convenient for

Surgical Operations,

ALSO,

Invalids' Reclining and Self-Propelling

WHEEL CHAIRS,

The Best in the Country, with Thirty changes of Position.

IRON BEDSTEADS,

FOR

Hospitals, Asylums, and Private Families.

Send for Circular to the manufacturers.

MATHIAS KLEIN,

235, 237 & 239 South Dearborn Street, Chicago, Ill.

JAS. E. GROSS, M.D.

NORTHWESTERN

JNO. B. DELBRIDGE.

**HOMŒOPATHIC PHARMACY,
GROSS & DELBRIDGE.**

COMPLETE ASSORTMENT OF MEDICAL SUPPLIES.

Medical Books, Surgical Instruments,

WESTERN AGENTS FOR

**BOTSFORD'S HAMAMELIS,
DR. DORRIS' VACCINE VIRUS.**

PUBLISHERS OF THE

PHYSICIANS' CONDENSED ACCOUNT BOOK,

An Epitomized System of Book-Keeping, avoiding the necessity of separate Journal, Day Book and Ledger; combining System, Accuracy and Easy Reference, with a minimum of labor.

Price \$3 50. Send for Sample Sheets.

NEW REMEDY,---Alstonia Constricta. The New Remedy, introduced by Dr. Cathcart, of Australia, and noticed in the HOMŒOPATHIST for October, we can now supply Physicians at 50 cents per ounce. Sample free on receipt of stamp. Address,

GROSS & DELBRIDGE,

Homœopathic Pharmacy.

No. 48 Madison Street, Chicago.

CODMAN & SHURTLEFF'S

Atomizing

PRICES



Apparatus.

REDUCED.

The Complete Steam Atomizer. (Patented March 24, 1868.)

All its joints are hard-soldered.

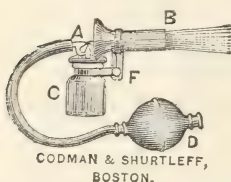
Every one is tested by hydrostatic pressure, to more than one hundred pounds to the square inch.

It does not injure by exhaustion of water, or any attainable pressure, and will last for many years.

It does not throw sprits of hot water; is convenient, durable, portable, compact, and cheap, in the best sense of the word. Price \$5.00. Postage 57 cents.

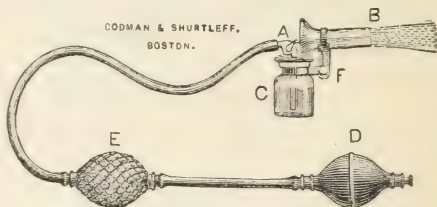
Brass parts, nickel-plated, additional, \$2.00. Postage 57 cents.

Neatly made, strong, Black Walnut Box, with convenient Handle, additional, \$2.50. Postage 44 cents



CODMAN & SHURTLEFF,
BOSTON.

The Boston Atomizer. (Patented.)



CODMAN & SHURTLEFF,
BOSTON.

Shurtleff's Atomizing Apparatus. (Patented.)

The most desirable Hand Apparatus. Rubber warranted of the very best quality. Valves imperishable, every one carefully fitted, and will work perfectly in all positions. Price \$3.50. Postage 24 cents.

The Bulbs are adapted to all the Atomizing tubes made by us.

Each of the above Apparatus is supplied with two carefully-made annealed glass Atomizing Tubes, and accompanied with directions for use. Each Apparatus is carefully packed for transportation, and warranted perfect.

The Antiseptic Atomizer.....	\$15.00, \$25.00, \$45.00, and	\$50 00
Atomizer by Compressed Air, with regulating, self-acting Cut-off.....		45 00
Dr. Oliver's Atomizer. Postage 20 cents.....		4 00
Dr. Clarke's Atomizer. " 20 "		3 00
The Constant Atomizer. " 20 "		3 00
Dr. Knight's Atomizer, " 12 "		2 50
The Boston Atomizer. See cut. Postage 16 cents.....		2 50
Atomizing Tubes in great variety.....	25 cents to	15 00

For full description see New Pamphlet on Atomization of Liquids with Formulæ of many articles of the Materia Medica successfully employed in the practice of a well-known American practitioner, together with descriptions of the best forms of apparatus, which will be sent, post-paid, on application.

Plaster Bandages and Bandage Machines, Articles for Antiseptic Surgery, Aspirators, Clinical Thermometers, Crutches, Air Cushions, Wheel Chairs and Articles for Invalids, Mechanical Appliances for all deformities and deficiencies, Trusses, Elastic Hose, etc. Electrical Instruments for all Medical and Surgical uses, Hypodermic Syringes, Ice and Hot Water Bags, Manikins, Models, Skeletons, Skulls, etc., etc. Naturalists' Instruments, Sphygmographs, Splints and Fracture Apparatus, Stethoscopes, Syringes of all kinds, Teeth Forceps, Test Cases, Transfusion Instruments, French Rubber Urinals, Urinometers, Vaccine Virus, Veterinary Instruments, Waldenburg's Pneumatic Apparatus, etc., etc.

Surgical Instruments and Medical Appliances of every description promptly repaired.

Having our Factory, with steam power, ample machinery, and experienced workmen, connected with our store, we can promptly make to order, in the best manner, and from almost any material, new instruments and apparatus, and supply new inventions on favorable terms. Instruments bearing our name are fully warranted. With hardly an exception they are the product of our own factory, and made under our personal supervision, by skilled workmen, who, being paid for their time, are not likely to slight their work through haste.

New Illustrated Catalogue postpaid on application.

CODMAN & SHURTLEFF,

Makers and Importers of Superior Surgical Instruments, etc.

13 & 15 Tremont St., Boston, Mass.

There is no Doubt

That thousands of children die from deficient or improper nourishment, and Mothers and Nurses should see to it that the infant constitution is built up and strengthened by proper food before the trying

SUMMER MONTHS

come, which are the most dangerous to infant life. For this emergency

Ridge's Food **For INFANTS and INVALIDS**

has the endorsement of the Matrons and Physicians of the principal Infant Asylums and Lying-in Hospitals in the United States, and Physicians of all schools have given it their unqualified approval as a **HIGHLY NUTRITIOUS** and easily assimilated food, and *especially adapted for Infants and growing children.*

Ridge's Food **For INFANTS and INVALIDS**

is also specially adapted to adults suffering from weakness of the digestive organs, and, therefore, those afflicted with any symptoms of **INDIGESTION** will find, on trial, it has all the qualities that have been claimed for it, and all that they can desire in the way of nutrition and strength.

WOOLRICH & CO., on every label.

The Summer Months

in our large cities is the critical period of infant life as shown by the bills of mortality, compared with the other months of the year. As a dietetic, in cases of *Cholera Infantum, Dysentery, Chronic Diarrhoea, Cholera,*

Ridge's Food **for Infants and Invalids**

has been found particularly beneficial, as attested by many flattering testimonials received during the last six years from well-known physicians of every school, and also from Directors of Public Institutions of the United States.

Adults suffering from *Dyspepsia, Prostration of the System, and General Debility*, will also find in

Ridge's Food **For INFANTS and INVALIDS**

the desideratum for weak stomachs, being easily digested and assimilative, and, at the same time, containing in itself all that is necessary to nourish every part of the human body.

Sold by Druggists everywhere. None genuine unless **WOOLRICH & CO.** is on every label.

THE INCREASING SALES,

notwithstanding the stringency of the times and the fact that the success of this as a standard preparation has induced many others to enter the field with preparations of varied value,

Is a Sure Proof

THAT

Ridge's Food **For INFANTS and INVALIDS**

is all that is claimed for it.

Mothers, Nurses and Invalids can rely upon this preparation as one

OF TRUE MERIT.

It is suited to the weakest stomach and at the same time has life-giving and bone-forming properties attained by no other. The reason of this is found in the fact that

Ridge's Food **For INFANTS and INVALIDS**

is a *cooked* food, prepared upon scientific principles, and in many cases of enfeebled constitutions will perform what no amount of medical skill can do.

Put up in four sizes, with **WOOLRICH & CO.,** on every label. Sold everywhere by Druggists.

SAVE THE NATION!

For it is sadly too true that thousands of **CHILDREN** are **STARVED TO DEATH** every year by improper or insufficient **FOOD.**

Remember,

Ridge's Food **for Infants and Invalids**

Is all and a great deal more than we have claimed for it. It is simply a **HIGHLY NUTRITIOUS** and easily assimilated **FOOD**, grateful to the most delicate and irritable stomach, and especially adapted for the **INFANT and GROWING CHILD.**

Invalids, Nursing Mothers,

and those suffering from *Indigestion* will find on trial that

Ridge's Food **For INFANTS and INVALIDS**

is all they can desire. It is carefully up in four sizes.

Constant users will find our No. 4 size (always the most economical size to buy) now much larger than formerly, thus materially lessening the expense.

WOOLRICH & CO. on every label.

EDWIN M. HALE, M.D.,

65 Twenty-Second St.,
CHICAGO.

Specialties. { DISEASES OF THE HEART.
TREATMENT OF STERILITY.

Consultations by letter or personally. Physicians sending patients will please send written history of the case and its treatment.

\$3.00.

The Homœopathic World, London, Eng., (monthly, \$2) and the American Homœopathist, Chicago, (monthly, \$2) to any address, one year, post-paid, for \$3.00. Address

W. A. CHATTERTON,
145 LaSalle Street, Chicago.

HOMŒOPATHY

THE SCIENCE OF

THERAPEUTICS

A collection of Papers elucidating and illustrating the Principles of Homœopathy.

BY CARROLL DUNHAM, M.D.,

Price, \$4. Svo. Cloth.

Will be sent, post paid, on receipt of price.
Address,

CARROLL DUNHAM, Jr.
IRVINGTON-ON-HUDSON, N. Y.

Boston University School of Medicine.

OPEN TO BOTH SEXES.

It furnishes a complete graded course of three years' study. *Summer Term*, (optional,) commences March 18, 1878; continues twelve weeks. *Winter Term*, for lectures, commences Wednesday Oct. 9, 1878; continues twenty-one weeks.

Further information may be obtained of the Dean, I. T. TALBOT, M.D., 66 Marlboro' St., or of the Registrar, J. H. WOODBURY, M.D., 165 Boylston St., Boston.

Pulte Medical College,

CINCINNATI, OHIO.

The Leading Clinical School.

Two Complete Graduating Terms.

First Term begins October 3d, 1877.

Second Term begins February 8th, 1878.

FEES, \$50.

Send for the Annual Announcement.

J. D. BUCK, M.D., Registrar,
305 Race St., Cincinnati, Ohio.

New York Homœopathic Medical College.

Sessions commence first Tuesday in October, and close about the 1st of March.

Clinical and hospital advantages unsurpassed by any medical college in the country.

Graded or Perpetual Ticket, - - - - \$160
Single course, - - - - - 100
Graduation fee, - - - - - 30

For further information and announcements address

J. W. DOWLING, M.D., Dean,
568 Fifth Avenue, New York.

MISSOURI SCHOOL

OF

MIDWIFERY

Anatomy, Physiology, Midwifery, Diseases of Women and Children taught practically at bedside in Maternity Hospital. The Hospital is open to ladies in confinement, and the medical and surgical treatment of diseases of women and children. Mrs. S. SCHIERECK, Resident Midwife. Write for circulars. Dr. WM. C. RICHARDSON, President, 3234 North Tenth Street., St. Louis, Mo.

The Homœopathic Medical College

OF PHILADELPHIA.

Now in its Twenty-ninth year; the oldest Homœopathic college in the world; has nearly 1,200 graduates.

This Institution offers unequalled facilities for acquiring a thorough medical education; has a museum of over 5000 specimens; a library of 2000 volumes; gives opportunity for the *practical* study of

Anatomy, Surgery, Obstetrics, and Chemistry; every advanced student furnished with cases of obstetrics. For announcement, address

A. R. THOMAS, M.D., Dean,
1628 Locust St. Philadelphia, Pa.

CLINICAL THERAPEUTICS

BY

TEMPLE S. HOYNE, A.M., M.D.,

Professor of Materia Medica and Therapeutics in Hahnemann Medical College and Hospital
of Chicago.

Author of Hoyne's Materia Medica Cards, Etc.

NOW READY.

Volume I., Bound in Turkey Morocco, Price \$6.00, Post paid.

A VERY FULL AND COMPLETE INDEX.

It contains the therapeutic indications of Acon., Arn., Ars., Alum., Bell., Bry., China, Carbo veg., Con., Calc., Caust., Cham., Cocc., Gelsem., Hepar, Igna., Kali, Lyc., Nat. mur., Nux, Nitric acid, Phos., Phos. acid, Puls., Rhus, Sep., Sil., Slaph., Sulph., Verat. alb., Verat. vir.

The first volume consists of Parts I., II., III., IV., V.

The work thus far has given universal satisfaction. No physician who pretends to keep up with the profession can afford to do without it. Price, per Part, \$1.00. For sale at all first-class Homœopathic Pharmacies and by the Author,

T. S. HOYNE, M.D.,

817 Wabash Avenue, Chicago, Ill.

PRESS NOTICES.

"This is the best collection of clinical cases we have yet had. The arrangement, in accordance with *pathological* names, make the work more usable to those who find this plan most helpful in the selection of a remedy, while the indications in each are so concisely given that the strictest Hahnemannian cannot object to it upon the ground of its tending in the direction of *generalization*.—*Homœopathic Times*.

"It will undoubtedly survive criticism and become as it deserves the most useful and popular work yet issued by any author in our school. The idea is a grand one. The profession are greatly in need of "Clinical Therapeutics." We are interested in having just such a work gotten out that shall be as free of defects as possible. Every reader of this journal, being in the profession, needs it and we promise it will prove of inestimable value.—*Cincinnati Medical Advance*.

MISSOURI

Homœopathic College

ST. LOUIS, MO.

TWENTIETH ANNUAL SESSION.

BEGINNING OCTOBER 9, 1878, AND ENDING MARCH 1, 1879.

FACULTY OF MEDICINE.

E. C. FRANKLIN, M.D.,
Professor of Operative and Clinical Surgery.

A. S. EVERETT, A.M., M.D.,
Professor of Anatomy.

PHILO G. VALENTINE, A.M., M.D.,
Professor of Theory and Practice.

ADOLPHE UHLEMAYER, M.D.,
Professor of Materia Medica and Therapeutics.

C. W. SPALDING, M.D.,
Professor of Physiology and Histology.

WM. C. RICHARDSON, M.D.,
Professor of Obstetrics,

J. C. CUMMINGS, A.M., M.D.,
Professor of Clinical Medicine.

W. A. EDMONDS, M.D.,
Professor of Diseases of Children.

J. MARTINE KERSHAW, M.D.,
Professor of Brain and Nervous Diseases.

WILLIAM STORY, M.D.,
Adjunct Professor of Materia Medica and Therapeutics.

IRENÆUS D. FOULON, A.M., LL.B.,
Professor of Medical Jurisprudence.

FEES.

Fees for one Course of Lectures.....	\$50 00
Matriculation Fee	5 00
Practical Anatomy and Surgery, each	10 00
Graduating Fee	25 00

Graduates from other Colleges	30 00
Fees for Graded Course, including Lectures for the entire term of three years or longer, issued only to students who agree to attend three Courses of Lectures, invariably in advance.....	100 00

COLLEGE CLINICS.

GYNÆCOLOGICAL CLINIC.—Mondays, from 3 to 4 P. M., by Prof. Wm. C. Richardson.

OPHTHALMIC AND AURAL CLINIC.—Tuesdays, from 12 to 1 P. M., by Dr. J. A. Campbell.

SURGICAL CLINIC.—Wednesdays, from 2 to 3 P. M., by Prof. E. C. Franklin.

GENERAL MEDICAL CLINIC.—Thursdays, from 1 to 2 P. M., by Prof. J. C. Cummings.

CLINIC FOR BRAIN AND NERVOUS DISEASES.—Fridays, from 1 to 2 P. M., by Prof. J. Martine Kershaw.

MEDICAL CLINIC.—Saturdays, from 1 to 2 P. M., by Professor Uhlemeyer.

Also a Weekly Clinic at the City Hospital, and the Good Samaritan Hospital.

For Announcement and further particulars address,

E. C. FRANKLIN, M.D.,
Dean,
1402 Olive Street,

PHILO G. VALENTINE, A.M., M.D.,
Registrar,
Cor. Fourteenth Street and Chouteau Ave.

TO THE MEDICAL PROFESSION.

MALTINE.

(EXTRACT OF MALTED BARLEY, WHEAT AND OATS.)

THIS PREPARATION
Contains From THREE to FIVE TIMES the
MEDICINAL and NUTRITIVE Elements Found in
Extract of Malt.

MALTINE is a highly concentrated extract of malted *Barley, Wheat* and *Oats*, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from *three to five times* the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz.:

FIRST: In the manufacture of **MALTINE** the evaporation necessary to reduce it to its great density is conducted in vacuo, at a temperature ranging 100° to 120° Fahr.; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity, possessing little virtue aside from the saccharine matter which it contains.

SECOND: Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium and Potassium are essential elements in the food of man, and it is only in **MALTINE**, containing the combined properties of malted Barley, Wheat and Oats that all these principles can be found in the proper proportions; Extract of Malt made from Barley alone is wanting in some of the most important of these elements.

THIRD: Gluten is the most nutritious principle found in the cereals, and is the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. **MALTINE** contains twenty times the quantity of Gluten found in any Extract of Malt.

FOURTH: Liebig says "Wheat and Oats stand first among our list of cereals in combining all the elements in proportion necessary to support animal life. They are especially rich in muscular and fat producing elements" The only reason we use Malted Barley in the manufacture of **MALTINE** is that it contains larger proportions of mineral matters (bone producers,) and Diastase. It is deficient in all other essential elements

*We believe that any practitioner will readily recognize the superiority of **MALTINE**, and would request a trial and comparison of merits with any article offered for similar uses.*

MALTINE preparations are sold at the same prices as EXTRACT OF MALT and its combinations, and are put up in amber bottles holding sixteen fluid ounces; each bottle inclosed in a folding paper box.

REED & CARNRICK,

Manufacturing Pharmacists,

196 and 198 Fulton Street, New York.



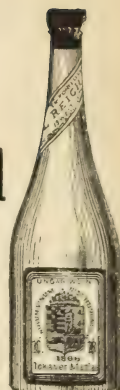
L. REICH,

DIRECT IMPORTER OF

Choicest
AND
Purest



Hungarian
Wines,



EVER BROUGHT TO THIS COUNTRY

Respectfully informs the members of the Medical Profession, that he has OPENED an office for their convenience at

NO. 13 WEST 11th STREET, NEW YORK.

Where he will be pleased to see all who may desire to avail themselves of the opportunity of procuring STRICTLY FIRST-CLASS WINES, which have received the endorsement of the most eminent medical men of the country, as is evidenced from the following letters of commendation which have been received.

This is to certify that I have examined Mr. Reich's TOKAYER AUSBRUCH, TOKAYER MASLAS, and BUDAI IMP. I take great pleasure in commending these wines to the Medical Profession, because of their PURITY.

Prof. of Chemistry and Toxicology in Bell. Hosp. Med. Col., and Prof. of Chemistry and Physics in College City of N. Y.

Let me recommend the bearer, Mr. Reich, as having the best Hungarian Wine I have thus far used in my practice. C. E. BLUMENTHAL, M.D., L.L.D.

I concur with Dr. Blumenthal fully as to the Wines sold by Mr. Reich. J. F. GRAY, M.D., L.L.D.

The undersigned has made use of the Wines imported by L. Reich, especially his Budai and Tokay Wines and found them pure, of excellent quality, and useful in many cases of convalescences from illness.

E. E. MARCY, M.D.

We desire to express to you the very excellent results we have had from the use of the Tokay Wines imported and sold by you. From a long experience in the use of this wine in cases of nervous exhaustion, we give it our most unqualified approval, and cordially recommend your importations as the best and in all cases the most reliable of any we have seen.

EGBERT GUERNSEY, M.D.,

Late Prof. of Practice, etc., N. Y. Hom. Med. Col.

S. LILIENTHAL, M.D.,

Prof. Clinical Medicine, N. Y. Hom. Med. Col.

S. P. BURDICK, M.D.,

Prof. of Obstetrics, N. Y. Hom. Med. Col.

T. F. ALLEN, M.D.,

Prof. Materia Medica, N. Y. Hom. Med. Col.

J. G. BALDWIN, M.D.,

Prof. of Institutes, N. Y. Hom. Med. Col.

L. HALLOCK, M.D.,

JOHN C. MINOR, M.D.,
Late Prof. Clinical Surgery, N. Y. Hom. Med. Col.

WM. TOD HELMUTH, M.D.,

Prof. Surgery, N. Y. Hom. Med. Col.

ALFRED K. HILLS, M.D.,

Prof. of Mat. Med., N. Y. Hom. Med. Col. and
Hospital for Women.

F. S. BRADFORD, M.D.,

Prof. of Practice of Medicine, N. Y. Hom. Med. Col.

A. E. SUMNER, M.D.,

Pres. of the Med. and Surg. Staff, Brooklyn Hom. Hosp.

We have used in our practice the Hungarian Wines sold by Mr. Lorenz Reich. Mr. Reich puts them on the market unadulterated, just as they are imported; to this fact we attribute their great value as a medicine in diseases where tonics are indicated, especially in those which are attended by defective digestion and imperfect assimilation. We cordially recommend Mr. Reich and his wines to our professional brethren.

J. MARION SIMS, M.D.,

Late Surgeon to the Woman's Hospital, New York.

ALFRED L. LOOMIS, M.D.,

Prof. of Pathology and Practice of Med. University
of New York.

STEPHEN SMITH, M.D.,

Prof. of Orthopaedic Surgery, Univ. of New York.

HENRY B. SANDS, M.D.,

Prof. of Anatomy, College of Physicians and Surgeons.

JAMES R. WOOD, M.D., L.L.D.,

Emeritus Professor of Surgery, Bellevue Hospital Medical
College.

LEWIS A. SAYRE, M.D.,

Prof. of Orthopaedic Surgery and Clinical Surgery, Bell.
Hosp. Med. Col.

WM. H. THOMPSON, M.D.,

Prof. of Mat. Med. and Therapeutics, Univ. of N. Y.

LOUIS F. SASS, M.D.,

J. L. LITTLE, M.D., N. Y.
Professor of Surgery, University of Vermont.

C. HEITZMANN, M.D.,

J. LEWIS SMITH, M.D.,
Formerly Clinical Lecturer on Diseases of Children,
Bell. Hosp. Med. Coll.

MONTROSE A. Pallen, M.D.,

Professor of Gynecology, University of New York.

DANIEL M. STIMSON, M.D., N.Y.

Formerly Prof. Surg., Path. and Operative Surg.,
Woman's Med. Coll. of New York.

JOHN M. BIGELOW, M.D.

Prof. of Mat. Med. and Therapeutics, Albany Med. Coll.

E. R. HUN, M.D.,

Prof. Diseases of the Nervous System, Albany Med. Coll.

Tokayer Asbruch, 1866, \$30.00 per Case.
Tokayer Maslas, 1866, 24.00 " "

Somlyai Imp. (White Wine,) 1868, \$14.00 per Case.
Budai Imp. (Red Wine,) 1868, 12.00 " "

Subscription, Two Dollars a Year.

THE AMERICAN

*Live, Progressive.
Scientific.*

*Fresh, Bright, and
above all
PRACTICAL.*

HOMŒOPATHIST

A MONTHLY JOURNAL OF
MEDICAL, SURGICAL, AND SANITARY SCIENCE.

J. P. MILLS, MD., Editor.

SALT A NECESSITY.

WHAT IS ECONOMY?

Since Salt is not only necessary to health, but life itself, any man who would entirely dispense with its use, in order to reduce his expenses from one hundred dollars to ninety-nine dollars and ninety-five cents per month, would no doubt be considered eccentric, to say the least. What, then, ought one to think of the physician who—because the bell is quiet and money scarce—cuts off his medical journal, the Salt of his professional affairs? The man who *judiciously* economizes is wise, but when he allows himself to withhold his seed-corn from the earth, with a view to hoarding it he—makes a mistake.

A NEW FEATURE.

A verbatim report of the late meeting of the Illinois Homœopathic Medical Society, taken by our stenographic reporter, will appear in the pages of this journal. All of the papers upon which discussions were held will also appear at an early day.

A. L. CHATTERTON & COMPANY,
PUBLISHERS,
121 DEARBORN STREET, CHICAGO.

To the Medical Profession.

LACTOPEPTINE,

The most important remedial agent ever presented to the medical profession for Indigestion, Dyspepsia, Vomiting of pregnancy, Cholera Infantum, Constipation, and all diseases arising from imperfect nutrition, containing the five active agents of digestion, viz., Pepsin, Pancreatine, Diastase or Veg. Ptyalin, Lactic and Hydrochloric Acids, in combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE.

Sugar of Milk.....	40 ounces.	Veg. Ptyalin or Diastase.....	4 drachms.
Pepsin.....	8 "	Lactic Acid.....	5 fl "
Pancreatine.....	6 "	Hydrochloric Acid.....	5 fl "

LACTOPEPTINE owes its great success solely to the Medical Profession, and is sold almost entirely by Physicians' Prescriptions. Its almost universal adoption by the profession, is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned, having tested REED & CARNRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid, and Hydrochloric Acid, made according to published formula, and called LACTOPEPTINE, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well-adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

New York, April 6th, 1875.

ALFRED L. LOOMIS, M.D.,

Professor of Pathology and Practice of
Medicine, University of the City of
New York.

LEWIS A. SAYRE, M.D.,

Professor of Orthopædic Surgery and
Clinical Surgery, Bellevue Hospital
Medical College.

SAMUEL R. PERCY, M.D.,

Professor Materia Medica, New York
Medical College.

F. LE ROY SATTERLEE, M.D., PH., D.,

Prof. of Chem., Mat. Med., and Therp.,
in the N. Y. College of Dent.; Prof. of
Chem. and Hygiene in the Am. Vet.
College, &c., &c.

PRICE LIST.

LACTOPEPTINE (Powder, in oz. Bottles).....	per oz.	\$ 1 00
" (Powder, in oz. Bottles).....	per doz.	10 00
" (Powder, in ½ lb. Bottles).....	per lb.	12 00
Elixir Lactopeptine.....	per doz.	15 00
" Lactopeptine and Bismuth.....	"	15 00
" Lactopeptine, Strychnia and Bismuth.....	"	15 00
" Calisaya Bark and Iron, with Lactopeptine.....	"	12 00
Beef, Iron and Wine, with Lactopeptine.....	"	15 00
Liquid Lactopeptine.....	"	15 00
Syrup Lactopeptine Compound.....	"	15 00

All Correspondence and Communications must be addressed to

The New York Pharmacal Association,

(Who have purchased all the rights in the article of Messrs. Reed & Carnrick.)

83 JOHN STREET, NEW YORK.

P. O. Box 1574.

Duplicate

Subscription: Two Dollars a Year. Twenty cents a Number.

AMERICAN HOMŒOPATHIST

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL ^{&c.} SANITARY SCIENCE.

J. P. MILLS, M.D., Editor.

IN EXCHANGE.

Vol. II.

June, 1878.

No. 6.

CONTENTS

METALLO-THERAPY AND HOMŒOPATHY.

R. Ludlam 119

I. Metalloscopy Demonstrates the law of similars.—II. Metallotherapy Demonstrates the Curative Effect of Infinitesimal Doses.

THE CRITICAL PERIOD IN HOMŒOPATHY

—HAS IT ARRIVED? E. M. Hale 226

HAHNEMANN'S THREE RULES CONCERNING THE RANK OF SYMPTOMS. Constantine Hering 239

TWO CASES OF PAINLESS LABOR. Q. O. Sutherland 235

ARGENTUM MET. IN PROLAPSUS UTERI 236

LAPIS ALBUS—IT WON'T DOWN. B. F. Dake 237

ZINCUM AND CUPRUM STOOLS 239

A CASE OF PUERPERAL EMBOLISM, WITH RECOVERY. R. N. Foster 240

ELECTRICITY. — ITS VALUE. C. H. Boye 244

NEW PUBLICATIONS 247

A Treatise on Diseases of the Eye. —Sexual Physiology.

MEDICAL MEMORANDA 249

Western Academy of Homœopathy. —The Illinois Homœopathic Medical Association.—Items of Interest.

PUBLISHERS' PARAGRAPHS 258

A. L. CHATTERTON ^{AND} COMPANY,
PUBLISHERS.

23 Park Row, New York.

121 Dearborn St., Chicago.

Chicago Homœopathic College.

CHARTERED JUNE, 1876.

Special Announcement.--Spring and Summer Session, 1878.

The generous support accorded this institution by the profession and students demonstrates the higher esteem in which a determined effort to raise the grade of medical scholarship is held. In order to more fully develop the enlarged plan of education which this College has always had in view, the Trustees have decided to continue instruction throughout the entire year.

The prominent features of the Course will be clinical teaching, a series of recitations in the elementary branches and practical training in Chemistry, Pharmacology, Auscultation and Percussion.

The Central Homœopathic Dispensary now averages about two thousand prescriptions a month. All the Clinics are crowded with patients. It has been found necessary to appoint three dispensing physicians instead of one, as heretofore, to act as assistants to the clinical professors. All the regular Clinics will continue just as during the Winter Session. Daily recitation will be conducted by the dispensary physician, under the supervision of the professors whose chairs are represented. This feature will afford excellent opportunity for students to prepare for the regular Winter Course.

A weekly Clinic for Women will be held by Mrs. Sabin Smith, physician-in-charge of the Erring Women's Refuge.

The course will commence April 8th, and continue until the opening of the third regular session, in October.

FEES, \$10.00.

ORDER OF COURSE.

Hour.	Monday.	Tuesday.	Wednesday	Thursday.	Friday.	Saturday.
10 A. M.		Anatomy Recitation. BLUNT.	Physiology Recitation. BARTLETT.	Anatomy Recitation. BLUNT.	Physiology. Recitation. BARTLETT.	10 11 A. M. Practical Chemistry. C. MITCHELL
11 A. M.		ADAMS.*	Mrs. SMITH.*	DANFORTH.*	STREETER.*	BEEBE
2 P. M.	WOODYATT.*	DELAMATER	GROSVENOR.*	MITCHELL.*	WOODYATT.*	DELAMATER
3 P. M.	KIPPAX.*	Pharmacology. DELAMATER	Chemistry Recitation. C. MITCHELL.	Auscultation and Percussion. MITCHELL.		

* Clinics.

For further information address,

CHARLES' ADAMS, 125 State Street, Chicago.

THE
American Homœopathist.

A MONTHLY JOURNAL OF MEDICAL, SURGICAL,
AND SANITARY SCIENCE.

Vol. II.—JUNE, 1878.—No. 6.

METALLOTHERAPY AND HOMCEOPATHY.

R. LUDLAM, M.D., CHICAGO.

Translated from L'Art Medical for April, 1878, and Read before the Clinical Society of the Hahnemann Hospital of Chicago.

The following paper is from the editorial pen of the celebrated Dr. Jousset, of Paris, author of a very valuable work in two volumes on the Homœopathic Practice of Medicine, and also of a clinical treatise of the most practical character.

The *Gazette des Hôpitaux* for March, contains a very interesting report of Professor Charcot's* lectures upon *metalloscopy* and *metallotherapy*. These lectures render the proper credit to Dr. Burq for his discovery, but at the same time they give proof of the indepen-

dent spirit, and of the wisdom and judgment of the celebrated Professor. As for ourselves, we find in them a demonstration of the law of similars, and of the power of action of infinitesimal doses. Let us see how these points are proven.

I. METALLOSCOPY DEMONSTRATES THE
LAW OF SIMILARS.

In order to establish this proposition it will suffice to let Professor Charcot speak for himself:

This is the plan of operation: Take a case of hemi-anæsthesia (sensory paralysis of one-half the body,) of the left side, transfix the skin with a needle and there is no show of sensibility. Apply a plate of metal, of gold if

* Professor Charcot, of Paris, is one of the most eminent clinical teachers in diseases of the brain and nervous system. He has charge of an old-school hospital with 4,369 beds.

you please, to the forearm of the affected side. There is no need of a special apparatus; one or two coins will answer, if you fix them with a little band and keep them in contact with the skin.

If the patient is susceptible to the metal chosen, to gold, for example, at the end of fifteen or twenty minutes, according to circumstances, she will tell you that her arm feels benumbed; then, if you prick the skin in the neighborhood of the band, you will observe that the sensibility is returning. This is the first stage, among others, in the successive disappearance of the symptoms of anæsthesia. At the same time you will notice other peculiarities. The skin reddens, and the pricks which, before the metal was applied, were almost colorless now bleed freely. Moreover, supposing that before this experiment with the metal you have tested the patient's muscular strength with the dynamometer and found that it was very low (15 or 20 kilogrammes, perhaps),—for hysterical hemi-anæsthesia is always accompanied by amyosthenia—after the application of the metal you will find it very much raised, as, for example, to 30 or 40 kilos. Consequently, therefore, she has become as strong as a man, and the muscular weakness has disappeared along with the loss of sensibility.

Such are the experiments of which we have many times proved the value in the presence of Messrs. Luys, Dumont-Pallier, and several other physicians who have been interested in them.

Now, one of two things: either you continue the experiment, or you stop it when the sensibility has returned. If you continue it, that is to say, if you leave the metal in contact with the skin, a very singular result will follow, to which I shall call your special attention directly. If you continue to prick the skin you will perceive that, from a given moment, the sensibility disappears again, or in other words, the anæsthesia returns in all of its former characters, and sometimes shows itself more profound than it was before the application of the metal. Thus, if before the experi-

ment there was only analgesia, you might change the case into one of complete anæsthesia. This is a result which you have just seen produced in an independent manner, and under different conditions, and this is what M. Burq calls the relapsing anæsthesia.

If, on the contrary, you remove the metal at the moment in which you have obtained a return of sensibility, that sensibility will persist for some hours, and sometimes for a day or two. And, what is more, it will finally become general, so that, although the sensibility of the arm has not returned, you may see it extend progressively over the whole side of the body, which before the experiment was the seat of the anæsthesia.

Thus the first fact is substantiated: The application of the metal which, by its primitive action, caused a symptom to disappear, will reproduce the same by its secondary action, or, to speak more correctly, by the prolongation of its effect.

But more than this. We shall find that, several days after it has disappeared, the metal will reproduce the symptom which it has cured.

Here is another hysterical woman in whom all the phenomena of the disease have been remarkably relieved by the treatment. She no longer has any hemi-anæsthesia, and no more convulsive attacks. She was susceptible to the local use of gold, some pieces of which we now apply again to the left arm. Formerly the left half of the body was completely insensible. *Fifteen or twenty minutes have passed since the application, and you see that she actually complains of aching, unrest, and of a numbness, and that she has come very near going to sleep before us. We prick her arm. You observe that the sensibility which a little while ago was normal is soon completely abolished.*

We must conclude that she is still under the influence of a diathesis, or in other words, that she was not radically cured.

This recalls something that I have said concerning the action of Ether, *which produces symptoms that are similar to those of a fit of hysteria*. It seems that when the patient is under the influence of this diathesis (predisposed to hysteria) the Ether suffices to develop the symptoms that have been latent. By metalloscopy you have just witnessed a similar result. * * *

I can also show you a new case, and one which it is proper to offer as an illustration of the singular phenomena of the metallic anæsthesia.

Here is a young girl who came to consult us, and who, following the ordinary hysterical fits, was seized, five or six months ago, with hemi-anæsthesia and ovaralgia of the right side. She was sent to us by Dr. Fienzal on account of an amblyopia, which, contrary to what happens to most hysterical patients, was double, and nearly as pronounced in the one eye as in the other. There was diminished acuteness of vision, and, what interfered with her function as an haberdasher, she could no longer distinguish between colors.

Dr. F. already knew that the application of bits of gold upon the paralyzed side would reproduce the sensibility of the part, and he sent her to us for our advice in order that we might try the effect of the same metal when given internally. In fact the medicine has now been given for a month, and to-day the patient can distinguish colors very clearly. The anæsthesia of the right side, and the fits also, have disappeared. This is a remarkable result, but I do not believe that the cure is complete. In fact we have already tried a touchstone with which you are familiar. *Yesterday we bound some pieces of gold upon this patient's forehead. In about a quarter of an hour she began to grow numb, and at the same time we proved that her perception of colors had disappeared in the successive order which I have already indicated to you*, that is to say, commencing with the violet and finishing with the blue. To-day we have recommended this experiment before you, and have proved anew the curious phenomenon of the disappearance of colors in

a determined order, *and the other fact that, while a patient is still the subject of a diathesis, you can in applying the metal which formerly relieved the disorders of sensibility, provoke their reappearance, and, so to speak, demonstrate the existence of the hidden diathesis itself.*

This second fact is much more convincing: *id est* the reproduction in a *comparatively* healthy subject of a symptom supposed to have been cured. The metal which caused the anæsthesia to disappear brought it back again, as the lance of Achilles cured the wound which it had made. The same is true of Ether, says Professor Charcot, which with hysterical women, when they are calm, will cause the convulsions that it relieves during the fit. I may add that the same is true of all medicines; of Arsenic, which reproduces the cutaneous eruptions that it will cure; of Corrosive sublimate, which develops a dysentery for which it so efficacious a remedy; of Iron, that causes anæmia, etc. It is true that Dr. C. makes one reservation, which is that the metal only reproduces the symptoms that it will cure, and in case of patients who are subjects of the diathesis. We do not wish, incidentally, to raise the question of the complete curability of constitutional diseases. We believe, with the best pathologists, that these diseases are never radically and entirely cured. All our powers are spent in curing the more evident disorders, the rest remains. One who has the gout, the scrofula, the hysteria, or even the syphilis, may see the symptoms of an attack of either of

these diseases disappear, but the *diathesis*, as Professor C. says, persists.

Whatever may be the explanation, the fact remains: the medicine which cures a symptom has the power to reproduce that symptom long after it has disappeared: *similia similibus curantur*. Moreover, in *too large a dose*, a remedy will produce a *homœopathic aggravation*, just as the metal which is applied for too long a time brings back the anæsthesia which it had relieved, and brings it back in a worse form than it had before. There is then a true *medicinal* aggravation. We find, therefore, in the facts derived from the Salpetriere an experimental illustration of the homœopathic law.

II. METALLOTHERAPY DEMONSTRATES THE CURATIVE EFFECT OF INFINITESIMAL DOSES.

Dr. Burq explains the action of metals by the cutaneous absorption of an infinitely small portion of the metal which has been applied. He has even made some experiments to show that electricity does not play its part in this result. But those who tried metalloscopy in Professor Charcot's hospital (La Salpetriere) were not of the same opinion. They tried to explain the special action of each metal by the difference in the intensity of the electricity developed by the various metals. Very delicate and careful experiments were instituted; and it is true that with very small quantities of electricity, one could with some women, reproduce the results of metalloscopy. But with some it must be in the proportion of

10, with others of 40, or of 60, and with women who were most sensitive to the smallest doses, the larger ones were without effect.

We have republished these curious experiments in *L' Art Medical*, reserving our opinion of them, and wisely to, for behold the fact that the metals which, by their external application restore the sensibility, cure it completely by their internal use. In this case therefore, we need not invoke the aid of electricity, and the first explanation of Dr. Burq is the proper one. The infinitesimal quantity of the metal absorbed during the application upon the skin is the real cause of the disappearance of the analgesia, and of the other paralytic symptoms.

Dr. Charcot has made his experiments in metallothérapie so faithfully and inflexibly as to give them a great interest, and we believe it our duty to reproduce the part of his lecture in which he relates these facts:

Observe now, he says, in what internal metallothérapie consists. You have practiced metalloscopy, and you have recognized the susceptibility of the sick to a certain metal, as iron, gold, copper, zinc, etc. Internal metallothérapie consists merely in administering internally, and in the most soluble form, these same metals. Thus, for example, for gold we employ a solution of Chloride of Gold and of Sodium, containing one centigramme of the metal to twenty-five drops. This solution has a beautiful yellow color, is transparent, without a bad taste, and the patients take it readily. We order ten drops before each meal in a fourth of a glass of distilled water. We give no other medicine.

If the patient is susceptible to copper, we prescribe the Acetate in solution, dropped into

distilled water; or the water of Saint Christau, which, as you know, contains copper. If she is sensitive to zinc, you will give her in the same way the Sulphate of Zinc; or some preparation of iron, if she is susceptible to iron.

What happens after giving these metals internally?

When Dr. Burq spoke of the employment of metals in this way and asked me if they would cure those who were ill, my reply was, it is possible, we shall see about it.

I am resolved to keep as far as possible from that arbitrary skepticism which too often runs into a pedantic ignorance, and from a simple credulity, the coal-man's faith, as the Germans sometimes say. It is between these two dangerous rocks that one should know where he is sailing.

If one tells me that he knows how to cure cancer, I give him access to the wards of the hospital, where he will find many women suffering from this terrible affection. But I do not resign my duty of inspection and control meanwhile.

This is precisely what I did when Dr. Burq assured me that he was in possession of a successful treatment for epileptiform hysteria. I gave him permission to test his method upon four patients who, on an average, had been in the hospital for ten years, whom I had shown time and again, and with whose clinical history many competent physicians were perfectly familiar. These cases were of a serious and inveterate kind. Dr. B. found that three out of the four were susceptible to gold, and one to copper. To the three former we have faithfully given the Chloride of Gold and of Sodium, as Dr. B. prescribed it. To the fourth, who was susceptible to copper, we have given that metal; first in the form of powdered oxide, and afterward in the water of Saint Christau.

This was done in the month of July. When I returned to my service in October, I began to examine these patients more carefully, and I must say that while I was not astonished—for that would have been contrary to my declaration of principles—I was a little excited at

seeing that the four patients whom I myself had chosen as among the most confirmed cases, and had submitted to this form of treatment for a decided proof of its power, were relieved in so remarkable a degree, not to say anything more.

First, here is M. She is the one who, during her severe attacks, displayed such passion in her attitude, and who has been the subject of former treatment which some of you have witnessed. She had hemi-anæsthesia of the left side, with ovaralgia of the same side. I have known her for eleven years, and I declare that during all that time she has never ceased to have this hemi-anæsthesia, and also amyosthenia of the left side. I have been in the habit of taking her as a subject for demonstrating the signs of hysteria to our students. I would transfix the skin with a large and long needle for the purpose of showing how pronounced the insensibility of the integument was with her, and I never found it to be changed.

Before the treatment she was very thin in flesh, had little appetite, and had not had her menses for three years.

She began to take the gold in July, and after some days experienced the effects which generally follow the internal use of this remedy. The first of these effects was an increase of the appetite, which became voracious. This was a desirable result, if it would only last, but there followed a sense of fatigue, of heat in the stomach, itching of the skin, in a word, the signs of intolerance of the metal. The best remedy for these symptoms is to suspend the remedy for awhile, and then to resume its use. With this patient the effect upon menstruation and upon nutrition has been very remarkable. The courses have returned, and she has become quite fat and plump. The hysterical paroxysms have not entirely ceased, but they have diminished in number and intensity. But the most marked result is the disappearance of the anæsthesia of the left side which, for three months past, has not shown itself. Without doubt it may occur at the close of the different paroxysms.

But, whilst formerly this disease was permanent, it now comes only occasionally, after the convulsive paroxysms, and continues only for a day or two. She is under constant treatment. In her case the external application of gold develops very rapidly and decidedly the symptoms of *metallic anæsthesia*.

This patient, B—, presents a case which is less pronounced and inveterate, but which belongs to the hystero-epileptic class. She has hemi-anæsthesia and has been subject to severe convulsions for three years. The hysteria is always very marked (hysteria major) when she has the fits, and not the common form (hysteria minor.) * * * The anæsthesia of the right side, as well as the ovaralgia of the same side, (as usually happens) the phases of the paroxysm, its epileptiform character and contortions, the passional attitudes, and the final delirium, were very decided. This patient has been taking copper internally since the month of July. Under its influence the anæsthesia and the paroxysms have disappeared. The external use of copper which, formerly, put the patient in the particular state of which I have spoken, has no effect upon her to-day. It is a question whether the cure is complete. From what has happened I am inclined to think it is. If so, can it be due to the action of the copper? I leave you to judge for yourselves.

Here is another patient who is susceptible to gold. I know that she has had hemi-anæsthesia of the left side for six years, with very marked hystero-epileptic fits during all that time. She has been treated by gold internally for the same length of time and in the same manner as the first of these cases. Now she has the paroxysms only very rarely; the anæsthesia shows itself only temporarily, for some hours after the fits. The external application of gold upon the left side of the body brings on the symptoms of metallic anæsthesia.

This woman, B—, affords a good example of the hysteric knee. She has been ill for eleven years. She has two distinct diseases, hystero-epilepsy and real epilepsy. This is the form which is often denominated epilepsy with

distinct crises. The internal use of gold has produced no modification of the epilepsy, but it has had a very different effect on the hystero-epilepsy. In fact after the internal administration of the gold in the same manner as in the preceding cases, the anæsthesia of the right side, which for eleven years had never ceased, disappeared, and the hystero-epileptic fits, which had been very frequent and very severe, became very rare. However, they do still return and are followed by anæsthesia. The patient is still in a very high degree under the influence of the hysterical diathesis. The other day she had an attack which was followed by the hysterical contraction of the limb. But this contraction lasted only seven or eight days, whilst formerly, before the treatment, it persisted, as a rule, for one to two months. I will add that the anæsthesia which, formerly, occupied the whole of the right side of the body, showed itself at the end of this attack, only in the right leg where the contraction first developed itself.

These are the four patients who have been treated after the manner indicated. I leave the facts with you. As for myself I am brought very decidedly to this conclusion: that this question merits a very careful examination.

CONCLUSIONS.

In conclusion let us recall prominent facts deducible from the very interesting experiments of Professor Charcot.

1. The symptoms of hemi-anæsthesia disappear under the topical application of certain metals.

2. Whilst these symptoms appear to be very similar in all cases, they require for their cure the use of different metals. Thus, one patient is susceptible to gold, another to iron, another to copper, etc. Briefly, to treat this form of anæsthesia, it is necessary to seek the metal which

corresponds to each particular case, we must *individualize*.

3. The metal which, by its external application, causes the anæsthesia to disappear, will cure, or at least will mitigate very considerably, not only a symptom, but the disease itself, if it is given internally.

4. The metal which, given internally, will cause the anæsthesia to disappear, will reproduce it with a general malaise when it is applied externally.

5. If a metal, being externally applied, has caused the anæsthesia to disappear, a continued application of the same metal will cause the paralysis to return and to be more pronounced than it was before the experiment was made.

6. When a metal is given internally for too long a time, it will be followed by an aggravation and we must suspend the use of it.

In these facts, which are furnished without explanation, we find the principal law of experimental therapeutics styled homœopathy.

1. Medicines cause in a comparatively healthy person the symptoms which they cure.

2. The remedies which are indicated by the law of similars *can* pro-

duce an *aggravation* of the symptoms which they cure.

3. During the treatment of chronic diseases it is sometimes necessary to suspend the use of medicines.

4. To find the treatment which will cure we must individualize.

5. The most contested principle of progressive therapeutics, the action of *infinitesimal doses*, is illustrated by *metalloscopy*. In fact it is not possible to explain the action of metals when applied externally by the effect of electricity, since these same metals produce the same effects through gastric absorption. And, if electricity cannot explain the curative action of gold, iron, etc., absorbed by the stomach, how can it explain the action of the same metals when applied upon the skin? Two such similar effects as the disappearance of the same symptoms, in the same patient, by the same metal, can have only one cause. And experience teaches, that in the internal administration of a remedy, its absorption is necessary. Now in the experiments of Professor Charcot these metals were given internally in very decided doses; but it will not be doubted that the absorption which follows the application of a metal upon the skin, for the space of ten minutes, must certainly be an infinitesimal dose.

THE CRITICAL PERIOD IN HOMŒOPATHY.—HAS IT ARRIVED?

E. M. HALE, M.D., CHICAGO.

In an article from my pen which appeared in the November number of the HOMŒOPATHIST, I then announced it as my conviction that a critical period had arrived in the history of the homœopathic school. That article has been widely copied and vigorously commented upon, and has created considerable discussion in both schools of medicine. I ventured the prediction that there would soon be a division of the homœopathic school, and that the leaders would rally under the leadership of certain men who may be termed "fossils," and who stand in the same relation to homœopathy that the "Bourbon" democrats and "implacable" republicans do to their respective parties. I can now announce that such a separation is on the point of being accomplished, for I have before me a public circular issued by the said "fossils," and which purports to contain "a declaration of homœopathic principles," or what might be termed the platform of the seceding party. The following are the "planks" in said platform:

1. The cure of the sick is most easily, mildly, and permanently effected by medicines that in themselves are capable of producing in a healthy person morbid symptoms similar to those of the sick.

2. The changed and morbid condi-

tions of tissues and organs are *results* of a dynamic disturbance, and not the *cause* of the disease.

3. The totality of the symptoms, subjective and objective, is the sole indication for the choice of the remedy.

4. The only proper way to ascertain the sick-making properties of medicines is to prove them on the healthy.

5. In order to secure the best possible practical results, medicines must be administered singly, and in a dose just sufficient to cure.

6. *Local* treatment of all kinds, in *non-surgical* cases, is not only unnecessary, but is apt to change the location of diseases, and induce dangerous complications, and never *permanently* cures.

This "declaration of principles" is signed by about one hundred and fifty physicians from the various states in the Union. (It is a suggestive fact, showing perhaps the *influence* of this party, that among the signers are but *five* teachers in medical colleges; *two* only are editors of medical journals, and those two edit the organ of the new party, even the veteran Hering is not there). These men may be said to constitute the *new* party. In general a *new* party is characterized by

radical or *advanced* ideas, but in this case it is noted for just the opposite. They take a position in an era half a century behind the present, and adhere to the original principles promulgated by Hahnemann shortly before his death. These men are like the Calvinists who in the present day still adhere to the tenets of that great religious reformer. But what of the other portion of the homœopathic school? They number nearly *five* thousand! And this after allowing the "new" party double or treble their number of published adherents. How does this great majority differ from the minority, who claim to be the "simon pure" homœopathists? I will to explain. They all subscribe to plank No. 1, for all, with hardly an exception, believe that the great law enunciated by Hahnemann is the universal law of cure, so far as strictly remedial agents are concerned. Plank No. 2 belongs to the "fossils," and indicates that they propose to reject all the grand discoveries of modern science—such as the germ-origin of disease, the poisonous effects of sewer-gases, the disease-producing power of animalculæ and fungi, and the effects of pyæmia and septicæmia. The word "dymanic" means imponderable—i. e., an invisible, intangible force, not recognizable by the senses, chemical analysis, or the microscope. The "dynamic" theory was taught by Hahnemann fifty years ago—before any of the modern discoveries in chemical and microscopical medicine had been made.

If they follow out the dictum of this plank, there is no necessity for such agents as disinfectants, chemical antidotes, etc. All that a physician of this branch of the school should do, in cases of typhoid or septic fever, blood poisoning or virulent infection, is to select the remedy from the totality of its symptoms alone, to administer it in the smallest possible dose, and calmly await the result. Indeed, it is a dogma promulgated by the leading men who signed that platform, that but a *single* dose of a high potency should be administered in a case of illness, and not repeated until the symptoms have changed in a decided manner. That portion of the homœopathic school who keep up with the march of scientific discovery, cannot accept the dynamic theory, and the infinitesimal dose as applicable to all cases, and for this they are denounced by the "fossils" as irregulars, eclectics, mongrels, etc. Is it it not a strange spectacle, this ignoring the presence of the scientific light which illuminates the nineteenth century?

Plank No. 3, is also a relic of the Hahnemannian era, but it goes further than even Hahnemann himself, who did not *always* wait until a medicine had been proved on the healthy, but often gave a medicine upon testimony relating to its curative power alone. The spirit of this plank is to reject all empirical proof. In other words, if a physician of undoubted veracity discovers then a new and hitherto unknown medicine will cure

certain symptoms and conditions, and announces the *fact*, such fact is to be ignored, the medicine rejected because it has never caused similar symptoms in a healthy person. Could narrow bigotry be carried to a greater length? That this is not a misstatement, refer to plank No. 4, which expressly proves its truth. The rejection of empirical remedies is a tacit denial of the truth of the law of *similia*, for if such law is universal, then it follows that if a medicine has cured certain symptoms it certainly has the power of *causing* them. Consistency is a jewel which these fossils evidently do not possess.

Plank No. 5 every member of the homœopathic school can subscribe to, as to its *general* bearings, but the great majority believe there are exceptions. There are complicated diseases which cannot be met by one remedy alone. It is absurd to attempt to cure one tissue before the other is attacked. Again two organs of the body may be diseased at the same time, and from separate causes, and no *one* remedy can combat both. In such cases it is logical and scientific to use two or more remedies at the same time, *not in combination*, except in very rare cases, but alternately.

Plank No. 6, is the absurdest and most inconsistent of them all. In denouncing *all local* treatment of *non-surgical* cases, the fossils run counter to the facts of scientific medicine, and at the same time stultify themselves. The old doctrines that there are *no* local diseases has again and again been disproved, and the declara-

tion that local treatment *never* cures is false, or there is absolutely no reliance to be placed on the records of medical literature.

This new (old) party would have us believe that all diseases of the skin are due to some inward, dynamic miasm, and should be cured by internal medication; that all morbid growths, tumors, abnormal deviations of structure, are in the same category. I could refer to the teachings of the most prominent among the signers of this platform, in proof that they teach that even ovarian, fibrous and fatty tumors can all be removed by the single, infinitesimal dose. Moreover, they declare that all abnormal discharges, ulcers, etc., should be treated without local applications. Yet they declare that the law of *similia* is of universal application. If so, why does it not apply to external objective lesions? Each and every caustic drug when applied to the skin produces its own peculiar lesion. A logical deduction from the law of *similia* would be that there is a *local* homœopathicity. But in their blind bigotry, these fossils lose sight of the universality and again contradict and stultify themselves. Do these physicians really adhere to this dogma in practice? I answer, a *very* few of them do, but the most do not. I can name a score or more among the signers, with whose practice I am personally acquainted, and I *know* that they resort to local applications, or permit them to be used. They do not adhere to this any more than they adhere to the single dose,

and the high potency. This assertion will not be denied, because the facts are notorious.

It may not be amiss in this place for me to state what I consider to be the belief and doctrines of the majority of the homœopathic school in this country and the old world.

1. They accept the doctrine that nearly all diseases are most readily cured by medicines which are capable of producing similar diseases. The exceptions are those diseases which are plainly the results of septic, miasmatic or chemical action, such as blood poisoning, virulent infection and a chemical alteration of the fluids of the body.

2. That while most diseases can be readily cured by medicines which produce similar diseases, there are others which absolutely require agents which are capable of changing the condition of the fluids of the body by their anti-septic or chemical character.

3. That while they believe in the general statement that medicines should be selected by the totality of their symptoms, i. e., such as they are known to cause in healthy persons, they believe that medicines should be used *if they* have been known to cure certain symptoms and conditions, even if they have not been known to *cause* such symptoms, for if the law of *similia* is the law of cure, such unproven medicines *must* be capable of causing similar symptoms, or they would not possess curative powers. (I will here add, that experiments with medicines on the healthy,

have proved in every instance the truth of this axiom, that *all cures are homœopathic*, no drug has cured a symptom unless it is capable of causing a similar one).

4. There is a local as well as a general homœopathic action, and that many medicines act best when applied in strict accordance with their well-known local action; that such local application of homœopathically chosen remedies is not only without danger, but greatly hastens and perfects the permanent cure of many diseases. Not only this, but they believe that the local application of medicines for their soothing and anodyne effects, is is not only justifiable and necessary in many cases, but that it would be inhuman to neglect them. They also believe that in cases of great internal suffering, from mental or physical causes, it is sometimes necessary and judicious to administer palliative medicines which sooth the pain and allow repose and sleep.

5. That any dogmatic rules relating to the size of the dose and the frequency of its repetition is both illogical and unscientific, for the dose should be varied to suit the age, sex, condition of the patient, and the intensity or duration of the disease, and that the dose of each medicine may in certain cases vary from the infinitesimal to the appreciable in quantity.

6. That the duty of all physicians should be to keep pace with the progress of the scientific world, and accept and use in his practice any new discovery in physiology, chemistry

materia medica, or surgery, for the benefit of suffering humanity, regardless of the source from whence such discoveries come.

Allow me to add in conclusion, that it is evident to all who have closely scanned the literature and practice of the allopathic school, that a similar separation of the "fossils" is imminent with them. The same may be said of the so-called eclectic school in this country. The most liberal and progressive of both these schools can subscribe to the doctrines above set forth as belonging to the progressive portion of the homœopathic school. They may not be able, conscientiously, to subscribe to the universality of the law of similia, but they *do* admit that it is *one*, and an important law of cure, although they call it by some other name. They do

not hesitate to admit that small doses frequently repeated are more potent to cure the sick, and they tacitly admit that the method in use by homœopathic chemists, of dilution and trituration in order to affect a minute division of the atoms of the drug, is a means of making medicines more active and potent for the cure of diseases.

In view of all these observations, would it not be fortunate for the sick if the fossils of both schools should separate themselves from the progressives, and that such a separation would result in a union of all really liberal and scientific physicians, whose sole ambition will be to heal the sick in the safest and surest manner, regardless of the means used or their origin.

HAHNEMANN'S THREE RULES CONCERNING THE RANK OF SYMPTOMS.

CONSTANTINE HERING, M.D., PHILADELPHIA, PA.

Hahnemann's advice is, to take all the symptoms of each case, as if it were the only one. *Comp. Organon*, § 83, and following; the same is to be done while proving, write down all the symptoms. *Comp. Organon*, § 138, 139. In contradiction the common old schools examine each case in order to make a diagnosis and to enable the doctor to tell the patient "what is the matter"; and if they talk about the

effects of a drug, they ask, "What diseases does it cure?" "What pathological generality is its 'character?'" The true Hahnemannian examines each case to get such symptoms as distinguish this case from all others. He observes the strictest individualization; like a portrait painter, he wants a photograph of each single case of sickness. Such symptoms or group of symptoms as distinguish the case

before him from others, are the characteristic symptoms he aims at. The same in proving; we want the characteristics of a medicine, i. e., such symptoms as distinguish it from all others.

Hahnemann's rule sets forth, that we must aim to get all symptoms, particularly such as have hitherto been overlooked, neglected, not listened to and sneered at, to get what we necessarily must know. It is the same with provings of drugs. By collecting all and every symptom, and particularly the so-called minutæ, we obtain the characteristics. The common old schools are satisfied with a general pathological character by which drugs may be divided into classes, but never can be individualized, each as a thing *per se*.

Hahnemann's first rule is, the characteristics of the case must be similar to the characteristics of the drug (Compare *Organon*, § 153, and others).

This rule has also been expressed in the following words: The symptoms of a case and the symptoms of a medicine must not only be alike, one by one, but in both the same symptoms must also be of a like rank. (Comp. *Archiv.* xi., 3, p. 92). It is thus the rank, according to which we arrange the symptoms obtained by the examination of a case—the rank, the value, the importance of the respective symptoms of the drug, which decides when, as it often will happen, several different drugs have apparently the same similarity; it is this rank which decides in the selection.

Hahnemann has given us a second rule in his *Chronic Diseases*. We may either adopt his psoric theory or not; but, if we follow his practical advice laid down in the said work, we shall, in proportion, have far better success, and will be forced to adopt at least all the practical rules contained in said theory.

The pith of this theory is not refuted by the discovery of the *acarus scabiei*, nor by the *generatio æquivoca*, nor the contagiousness, nor by the propagation of the *animalculæ*, nor by anything else; the quintessence of his doctrine is, to give in all chronic diseases, i. e., such as progress from without inwardly, from the less essential parts of our body to the more essential, from the periphery to the central organs, generally from below upwards—to give in all such cases by preference, such drugs as are opposite in their direction or way of action, such as act from within outward, from up downward, from the most essential organs to the less essential, from the brain and the nerves outward and down to the most outward and the lowest of all organs, to the skin, (Comp. Preface to *Treatise on Chronic Diseases*, p. 7, and following). The metaphysics of our science tell us, that all drug diseases (*paranoses*) are in their essence and offspring, opposite to the whole mass of epidemic, contagious, and other diseases, all of the latter being originated by a conflux of causes (*synnoses*).

Hahnemann's doctrine of treating chronic diseases includes another and

opposite, viz., the opposite direction in the development of each case of chronic disease. All the antipsoric drugs of Hahnemann have this peculiarity as the most characteristic; the evolution of the effects from within towards without. Thus, all symptoms indicating such a direction in the cases from without towards within, and in the drugs the opposite from within towards without, are of the highest rank, they ~~divide~~ the choice.

Hahnemann gives us a third rule, which has been overlooked by all the low dilationists, or is, at least, never mentioned by them, and has even been entirely neglected by theorizers of our school; notwithstanding that, without this third rule, the homœopathic healing art would be a most imperfect one. This rule enables the true Hahnemannian artist, not only to cure the most obstinate chronic diseases, but also to make a certain prognosis, when discharging a case, whether the patient will remain cured, or whether the disease will return, like a half-paid creditor, at the first opportunity.

Hahnemann states in his *Treatise on Chronic Diseases*, first ed., p. 228, second ed., p. 168, American translation, p. 171: Symptoms recently developed are the first to yield; older symptoms disappear last. Here we have one of Hahnemann's general observations, which, like all of them, is of endless value, a plain, practical rule and of immense importance.

It might seem to some so very natural that recent symptoms should give way first, older ones last, that it

ought to have been observed by all and every physician at all times. But this is not the case; it was never observed before Hahnemann, nor ever stated as a rule before.

We will set forth here all the consequences of this rule of succession, but first repeat it in another form.

We might express the above rule in the following words: In diseases of long standing, where the symptoms or groups of symptoms have befallen the sick in a certain order, succeeding each other, more and more being added from time to time to those already existing, in such cases this order should be reversed during the cure, the last ought to disappear first and the first last.

Suppose a patient had experienced the symptoms he suffers in the order *a, b, c, d, e*, then they ought to leave him, if the cure is to be perfect and permanent, in the order *e, d, c, b, a*. The latest symptoms have thus the highest rank in deciding the choice of a remedy.

Suppose a patient complains of new symptoms, as it often happens during the treatment of cases of long standing, particularly if we have chosen with great care a so-called antipsoric medicine, and the improvement has, of course, continued uninterruptedly, four, six, eight weeks, after which time the improvement gradually ceases, runs out, and the patient begins again to complain rather more. In such cases we will very often find, if we again take an accurate image of the newly increased diseased state, exactly

as we did before, that several new symptoms have appeared. We may represent it by the formula: a, b, c, d, e , have lessened, especially e, d, c , and now a, b , are on the increase again, even c reappears; d, e , are gone, but another symptom f , has been added, or f, g . These new symptoms are always of the highest rank, even if apparently unimportant.

It may be observed that they generally are such as will be found among the symptoms of the last given remedy, thus the caution may here be in its place, that after such a long interval, or after such a real gain, as the disappearance of d, e , the same drug will never be of any more benefit, the greatest counter-indication being the new symptoms. Another medicine has to be selected, and one which has especially f , or f, g , as characteristics.

The practical influence of these three rules of rank proves to be not only a manifold one, but their observance becomes a characteristic sign of difference of a mere empiric—in homœopathics a perverted Homœopathician, and a real Hahnemannian; the first will cover symptom by symptom, without knowing or making any distinction; the second will be satisfied with a few such symptoms as tell him what he calls the scientific character and enable him to go on the stilts of pathology, the third will observe the rules and heal the sick as Hahnemann did. It is thus worth while to look at them closer, and let them pass before our eyes once more.

According to the *first* rule we must inquire not only for the seat of the symptoms, inquire which organ seems to be the centre of the pathological action, but also for the minutiae in locality, notwithstanding their complete unimportance in pathology, viz., little inflammations on the point of the nose and lobe of the ear may help to indicate Nitrum, etc. According to this rule we will carefully note it down, if any of these sensations of a patient are on one side of the body or the other, if they predominate on one side, or if they pass over from one side to the other.

We have further to inquire for each kind of sensation with much more accuracy than would be required if we had nothing else to decide than the pathological character; some peculiar sensations, trifles in themselves, may be of importance in the choice of the medicine, even such as are unexplainable by physiology or never taken notice of by pathology, viz., a feeling as if from the falling of a drop of water, may help to indicate Cannabis.

We must inquire for the times of the day when the symptoms of a patient appear to increase, are ameliorated or disappear. This is very often the only criterion by which we decide our choice. Even the hours of the day are very often of a decisive influence, viz., the hours after midnight, one to three, may help to indicate Arsenicum or Kali carbonicum; the hours in the afternoon, from four to seven in the evening, may help to indicate Helleborus or Lycopodium, etc.

Likewise every function of our body: sleeping and waking, eating, drinking, walking, standing, rest or motion, etc., must be taken into consideration, in so far as they may be one of the conditions of aggravation or amelioration of any of the symptoms of our sick.

In the same way all connections of symptoms following each other, or alternating with one another, whether they have a pathological importance or not, are all for us of the highest rank, if, aided by them, we may distinguish one case from another. The first rule, then, is, that not only the characteristics must be alike, but there must also be a similarity of their respective rank.

The *second* rule of Hahnemann introduces a kind of distinction between different medicines which have been proved and applied, which must gradually lead to the adoption of an order of rank among them. It is a similar division to that of the so-called polychrests. But it is not this alone; the same rule is also of great influence when we arrange the symptoms of the sick.

All symptoms of inward affections, all the symptoms of the mind or other inward actions, are, according to it, of much higher value than the most molesting or destructive symptoms on the surface of the body. A decrease or an amelioration of outward symptoms, with an increase of inward complaints, even if the latter apparently are of little importance, will be an indication for us, that our patient is getting worse, and we must try to find

out among his symptoms the leading one, to indicate another, a real curative medicine.

Very frequently we will see the ineffectual attempts, as it were, of the inward actions, to throw out and bring to the surface that which attacks the centre of life. We must try to assist such attempts, but neither by outward applications, nor by a mere removal of that which the disease produces, and still less by medicines only similar to the same outward symptoms; on the contrary, we must inquire principally for the hidden inward symptoms, and compare them, with the utmost care, to find among our medicines such as correspond exactly to the subjective or inward symptoms, and by preference among the antipsorics, i. e., such as act more than others from within towards without. The principal characteristics of the antipsorics were obtained from the sick, and only by the use of potencies. Drugs cannot manifest such most important peculiarities except by high potencies, and with the most sensible persons.

The uses of the *third* rule of Hahnemann are the following:

1. During the examination of the sick we must inquire as much as possible in which order, according to time, did the different symptoms make their first appearance.

2. After such a careful and complete examination of a case, we must arrange our collection of symptoms according to their value, that is their importance as indicative, and we must bring such as have appeared later, in

the foreground, of course without neglecting the others, and even the oldest. Further, we must compare, when selecting a medicine, and find whether the one to be chosen has a characteristic similarity, particularly with the symptoms which appeared last.

3. If the patient had been drugged by the old school, we must direct our antidotes principally against the *last given drugs*. For instance, against abuse of alcohol or aromatics, Nux vomica; against tea, Pulsatilla or Thuya; against Quinine, Pulsatilla, etc.; against Jodium and Jodate of Potassium, Hepar sulphur; against blistering, Camphor; against cauterizing with Nitrate of Silver, Natrum mur.; against bleeding, purging, or losses of blood, Cinchona; against mechanical injuries by stretching, Rhus; by bruising, Arnica, etc., etc.; against Chloroform, Hyoscyamus, etc.

4. In every chronic case, after a well chosen medicine has had time to improve the case, and ceases to do good, and we have to make a new examination to obtain a full image of

the new state of the sick, we must again inquire particularly after newly appearing symptoms. As we will find in almost all carefully observed cases, that the new symptoms correspond to the last applied medicine, and as we know a repetition of the same drug would only aggravate, without giving relief, particularly if general characteristics, viz., with regard to times of day, sides of the body, or other localities, have changed, or if other general conditions are altered; the new medicine must be chosen with regard to such new symptoms, considering them as the most indicative, or of high rank.

5. If we have succeeded in restoring a chronic case of long standing, and the symptoms have disappeared in the reverse order of their appearance, we can dismiss the case with full confidence as being cured, and not being in danger of returning again; if not, we had better tell the patient, even if he should be satisfied with the partial cure, that he may, before long, be sick again.—*Hahnemannian Monthly*, vol. i., No. 1, p. 5.

TWO CASES OF PAINLESS LABOR.

Q. O. SUTHERLAND, M.D., JANESVILLE, WIS.

CASE I.

I was called on the evening of February 17th, to confine Mrs. T., with her second child. She is English by birth, and has always been in good health. She had no pain or sickness

during either pregnancy. The first child was still-born under Chloroform. Dilatation had taken place to about the size of a half dollar, the waters had broken but she informed me that she had had no pains. After waiting

for about two hours for pains, I advised her to retire, (she was sitting in an easy-chair,) while I went to lie down on a couch in an adjoining room, first having given her directions to call me if she had any pain. In about two hours I was called and informed that my patient had had no pain, neither had she retired, but sat enjoying a chat with her mother, sister and nurse. She was now in no pain, but thought she felt something coming from her. I made an examination just in time to receive the head which was passing the external parts. All this time my patient had felt no pain, not even while the head was passing the vulva. This is neither a myth on the part of the doctor nor bravado on the part of the mother, as I had previously supposed most such cases to be.

CASE II.

I was called on the evening of January 3d, to confine Mrs. D. with her sixth child. (During previous pregnancies she had experienced no inconvenience). During the period of gestation, about the third month, she commenced to feel a pain in the right lumbar region, mid-way between the lower rib and the crest of the ilium, which became so severe that

she was unable to move at all during the last six weeks of pregnancy; no remedies that any of the physicians here could suggest gave any relief. She could only sleep under anodynes. When I arrived she had had pains only at long intervals, the os was dry, hot, and undilated. I left, informing my patient that I would return in half an hour. When I returned, in not quite thirty minutes, the head was about to emerge from the vulva; another pain brought away a healthy, sound boy, which was immediately followed by the after-birth. While tying the cord, my patient gave a tremendous shriek and said she was dying with pain in the bowels. Upon inserting my hand into the uterus, I found it filled with clots of bright-red arterial blood, of which I, with all possible haste, removed by actual measurement three pints, and at the same time had the hips elevated and cold compresses applied externally. My patient made a slow recovery but suffered no pain after confinement. She has now regained her usual health.

What was the cause of the anti-partum pain? Did it have any connection with the post-partum dys-tocia?

ARGENTUM MET. IN PROLAPSUS UTERI.

Prolapsus, with pain in left ovary and back, extending to the front and downward. Ulcers of the uterus, dis-

charging purulent, ichorous, sometimes bloody water, with unbearable stench.

LAPIS ALBUS. — IT WON'T DOWN.

B. F. DAKE, M.D., PITTSBURGH, PA.

Since reading the criticism of Dr. J. J. Davis, of Vinton, Iowa, in the April number of the *HOMŒOPATHIST*, in reference to the ambiguity of my remarks on Lapis albus, I have taken the trouble to more closely investigate the subject, with the result of discovering among the writings of Grauvogl what had not come under my observations before: a partial proving of the said agent, with other interesting remarks bearing on this subject; and I will herewith take the liberty to quote some of the same:

In the August number (11), 1874, of *Hirschel's Zeitschrift für Homœopathische Klinik*, Grauvogl says: "For a long time was I in search for indisputable facts from practice in order to demonstrate the truths to Liebig, our bitterest enemy." It may be remembered that Baron Liebig ridiculed the infinitesimals of homœopathy, and claimed that medicine could only be developed by the aid of chemistry, and would not rank as a science until thus determined. And Grauvogl sought to point out some agent not referable to chemical forces, that had and would demonstrate unequivocal curative action in marked cases of disease; and he fell upon Lapis albus, and had long kept the composition of this remedy a secret, that it might not be known by Liebig, except through the improbable ability

of chemistry. Liebig, dying, removed the ban of secrecy, and Grauvogl published to the world all he knew of this agent. He further says:

"Already at the time when I tried to plan a classification and elaboration of our materia medica, in accordance with natural history, was I struck with a want of provings of our geological formations. A professional call soon after brought me to the Mineral Springs of Gastein, situated in the valley of the Ache (Achen), which, starting from the foot of the Tauern mountains, flow in its precipitous course over formations of gneiss, forming imposing cascades of considerable magnitude. The inhabitants of the valley along the river have thick necks, and often goitres of immense size. After drinking the waters of the Ache on purpose for several weeks, my thyroid gland, also, commenced to swell. Taking into consideration, in addition that the therns gushing out from the depths of the gneiss formations, seriously aggravate all carcinomous indurations and sores, I was induced at once to commence to prove this gneiss. I made five triturations, and then dilutions on the decimal scale. Of the sixth dilution, I gave to men and women. 'I observed as the most frequent symptoms: Burning; later, after continued use of four or five drops every two hours, stinging pains in the cardia and pylorus in the female breast and uterus. Sometimes the pains were of considerable intensity. This sufficed for the present, and as I have no time to be my own apothecary, I gave to the pharmacist of Nuremburg, where I then resided, the first trituration, in order to have on hand the necessary dilutions for my practice, and as I was unacquainted then with the scientific name of gneiss, I called it Lapis albus, for it is

white and glitters in the sun like snow, on account of the large percentage of glimmer which it contains. This richness in glimmer induced me to prove this white primitive calcium gneiss, found in the lower Ache valley, instead of the dark gray chlorit gneiss, which forms the bed of the Ache near Tauern, which contains a good deal less of glimmer. I very soon observed the most astonishing results in my practice, and the cure of carcinoma of the cheek in a woman of fifty years of age, which already had produced an opening in the cheek as large as a silver dollar, interfering to an alarming extent with masticating and swallowing of food, created such a sensation in Nuremburg that I soon ascertained that other homœopaths had commenced to experiment with this same Lapis albus. In this woman I was particularly struck with the healthy color of the countenance, which supervened soon after commencing to take the remedy; her complexion, indeed, assumed a freshness and ruddiness such as are seldom seen in a woman of her age, showing that the condition of the blood had become quite normal. In consequence of this, I also gave this remedy in chlorosis, but without any success whatever, thus showing that our indications of remedies must totally differ from those of the physiological school. But the success in all scrofulous affections, abscesses and sores, was the more astonishing; also in all affections of the glands and the lymphatics; also in glandular tumors, where, physiologically, no glands are usually found, in unbroken carcinoma, in fluor albus, even in tuberculosis, which points to the fact that much of what is called tuberculosis is derived from so-called scrofulosis. But an indispensable condition of success in these forms of diseases consists in that very development in constitutions that have not suffered previously from intermittents, or other malarious affections; as, otherwise Lapis albus not only aggravates every thing, but even engenders relapses of intermittents and other malarious affections."

It will thus be seen that the Lapis

albus of Grauvogl, is a Calcium gneiss, differing somewhat in composition, and chemical geological formation, from other varieties, which may contain some of the same elements in variable proportions. The slight discrepancies of some of these geological combinations may be easily understood when we reflect that the relative constituents of formations depend upon many and varying conditions. And what is called granite and gneiss, though having some of the same elements, themselves vary as to the relative proportion of their constituents. Both contain in common about three-fourths of their substance of Silica.

An average granite, according to eleven analyses, contains, according to Haughton :

Silica	72.07
Alumina	14.81
Protoxyd and Sesquioxyd of Iron.....	2.52
Lime	1.65
Magnesia.....	0.33
Potash.....	5.11
Soda.....	2.79
Water.....	1.09
Total	100.35

My preparation of Lapis albus was made in 1874, by Messrs. Halsey Bros, of Chicago, to whom I was personally referred by Dr. T. C. Duncan, of the *Investigator*, he having received directly through Dr. J. B. Braun, on his return from meeting Grauvogl at his home in Europe, some of the original Lapis in a crude state, from which the Messrs. Halsey made triturations.

My use of the remedy was in the 6th decimal trituration, and my failures in cancerous troubles may

have been due in part from using too low a potency, or in not observing Grauvogl's advice in regard to *intermittents*, etc.

That I did not use it amiss in my cases of glandular troubles (and the consequential relief of the tuberculosis case) seems plain enough according to partial proving and philosophy of Grauvogl.

In regard to Buchner's assertions that the Lapis albus of Grauvogl, is Dolomite, I quoted from a letter of his to the venerable Constantine Hering, which appeared in the February number of the *North American Journal of Homœopathy*, 1878, page 423, wherein he says, it is composed of 47.25 Carbonate of Magnesia and the rest of Calcareo sulph.

Although this same Dr. Joseph Buchner, of Munich, was Grauvogl's last physician, and had diagnosed his disease cancer of stomach, and treated him for said cancer, and of which he died, and by his relation to Grauvogl, ought to know, and is high authority, yet he must have labored under a palpable mistake, or else has been erroneously quoted in said letter; for

if the said Lapis is Dolomite, according to Dana's Geology, (true Dolomite is a magnesian calcite) and when pure it contains generally about relatively, 54.30 Carbonate Lime, 45.70 Carbonate of Magnesia. And though other authorities speak of it as varying somewhat in relative proportions and sometimes contains much other elements, as high as twenty per cent of Carbonate of Iron, even yet I do not find any other authority for the presence of combinations of Sulphur in any considerable amount.

My misapprehension is thus based on Hering's quotation from Buchner's letter, as above, and as I am just in receipt of a letter from Hering himself, saying that "gneiss is an erroneous name, and has no significance in connection with Lapis albus; there are no provings, Grauvogl used it because the people who drink the water are subject to cancers," I am left somewhat in the mist myself, and must stand by the remarks of Grauvogl as quoted above, until I hear to the contrary from as high a source as Buchner himself direct.

ZINCUM AND CUPRUM STOOLS.

ZINCUM MET.

Stool frequent, small, sometimes involuntary; pitchlike or soft, papescent, thin, with pale blood.

CUPRUM MET.

Frequent watery diarrhœa, not very copious, with flakes; or profuse squinting out, with much wind passing.

A CASE OF PUERPERAL EMBOLISM, WITH RECOVERY.

R. N. FOSTER, M.D.

[Professor of Obstetrics in the Chicago Homœopathic College.]

Mrs. —, aged thirty-nine, was confined with her sixth child, about the middle of January last. The labor was exceedingly "tedious" in the first stage, but easy and natural afterward.

During the first twelve hours of labor the pains were reflected to the stomach with remarkable promptness and regularity, so that violent emesis, instead of oral dilatation, followed each pain. Many remedies were tried for the relief of this vomiting, but without success, until a teaspoonful of McMunn's Elixir of Opium was given, after which pains and emesis both ceased for twelve hours, when the labor was resumed, and proceeded without complication to the end.

McMunn's Elixir was given because the patient was convinced from past experience, that she could not take Morphine or Opium, in any of the preparations usually prescribed. Moreover the Opium was given to suspend labor as the only way to stop the vomiting, because in this case the "tedious labor," as in many other cases where there is delay in dilatation, was due to the fact that the labor was in one sense *premature*, that is to say, the sensible pains commenced before the womb had fully completed the physiological preparation for dilatation. But of this we propose to treat

in another article. The patient was suspiciously well for about three days after delivery—that is, she felt as if she "could get up and go to work right off"; and yet the pulse was irregular, too high, too low, too feeble, or too strong, by turns, and varying almost every minute. The lochial discharge was very scant. The lacteal secretion was not established at all, or so slightly as to cause but little mammary change; but this had been the case in previous labors, and therefore less importance was attached to the fact.

Sudden pains developed in the legs, first in one then in the other; then in the iliac fossæ in like manner; then in the head; then in the ovarian region; then back to the legs again, and so on. The woman has had a diseased liver for twelve years; has had one attack of circumscribed peritonitis; has suffered for a year from marked renal tenderness and cystitis, and during all that has passed urine so offensive in odor that the vessel had to be emptied immediately whenever used. One physician had pronounced her liver adherent to the diaphragm, and salivated her for weeks by mercurial inunction over the liver in order to break up the adhesions. Since womanhood she has been a victim of "sick headache"

in a very aggravated form. All these things being considered it will not be surprising that I found this a difficult case to diagnosticate. The fact that every organ in the pelvis and abdomen seemed equally tender did not aid much in clearing up the case. Puerperal fever was excluded by the absence of every symptom characteristic of that affection. A glance at the countenance was alone sufficient to settle that point in the negative. There was no complaint of severe and constant abdominal or pelvic pain, except on deep palpation or vaginal examination. True, a mild septicæmia might be admitted, but there were no characteristic points upon which to make such a diagnosis positive. Pelvic thrombosis was suspected. I will not endeavor to be more definite, because deep pelvic examinations were so illy borne, and so manifestly aggravated the condition of the patient, that the intra-pelvic condition was not satisfactorily determined. But there was no metritis, no sub-involution of the uterus, no ovarian enlargement, no cellulitis. Yet there was extreme intra-pelvic tenderness, threats of phlegmasia alba dolens, embarrassed circulation, and aggravation from the slightest exertion.

Matters remained in this condition, with no material change, until the twenty-first day after delivery, when the patient made a somewhat hasty movement to raise herself higher up on her pillows, at the same time turning somewhat on her left side. *In-*

stantly she was seized by a piercing pain in the lower lobe of the right lung. Two inches below and one inch to the right of the right nipple was the precise locality of the pain, which was agonizing in the extreme. The dyspnoea was awful; each breath was a forced gasp, and each gasp was made with a shriek. I was hurriedly sent for, arrived soon, and found my patient in this condition, livid in countenance, covered with cold sweat, with failing, fluttering pulse of 150, and apparently *in articulo mortis*. She was dying of asphyxia, caused by pulmonary and consequent cardiac embarrassment, and partly by the great anguish arising from every effort to respire. Therefore I gave Ether immediately, so as to eliminate the last factor, and so re-establish respiration to some extent. The Ether was continued for two hours, not to complete anæsthesia, but so as to render respiration possible. Then, knowing that this condition must last some time, the Elixir of Opium was again given, a compress was firmly applied over the site of the pain, to reduce the motion of the parts to a minimum, and thus the patient was made easy for the night. A second but much milder attack occurred the next day, and was similarly treated.

The opiate was continued for three days in sufficient doses to make breathing tolerable. It was then no longer necessary, and the patient was put upon Aconite and Bryonia. The dyspnoea slowly subsided, as did the cardiac excitement and irregularity,

although it required thirty days to bring the pulse down to 100, and thirty more to enable the patient to draw a full breath without pain.

There was a short, frequent and violent cough from the first moment of the attack. On the third day there was bloody expectoration, which the patient "raised" with difficulty from the spot affected. She affirmed that she could feel it working upwards all the way from that precise point. The expectoration was not that of pneumonia—it was not rusty or gluey or frothy, but was a half teaspoonful of white mucus with an equal quantity of dark coagulated blood accompanying it. This ceased in a few days.

There was dullness over the affected spot only, and crepitus also. The area of these conditions was sharply defined, and not more than two inches in diameter. Directly after this seizure another element appeared to complicate this already embarrassing case, and persisted for three months, in fact still persists to some extent. This was a total loss of either desire or ability to evacuate the bladder. No matter how long the urine was retained, it created no sense of inconvenience. It was abundant in quantity, very offensive as before, free from albumen or casts, but for several days contained bile, occasionally in great quantities. When the catheter was passed, the bladder contracted forcibly, and expelled the urine well enough, but shut off with a succession of short spasmodic shocks, which were exquisitely painful. The

urethra was very sensitive. The vesical and urethral pain subsided steadily under injections twice daily of Sodium Salicylate, ten grains dissolved in a pint of tepid water.

The easiest method of managing such treatment it is of importance to know, and its mention here may be of some benefit to a possible inexperienced reader. A No. 7 gum elastic catheter was inserted into one end of a piece of rubber tubing about four feet long and of sufficient calibre to hold firmly the inserted catheter. This gives in effect a flexible catheter four and a half feet in length. The patient can now be catheterized without the annoyance of the bed-pan, the outer end of the tube being dropped into the vessel beside the bed. When the urine has all passed off, the catheter is still left in the bladder, a Davidson's syringe is inserted into the free end of the tube, and the injection is thrown into the bladder; removing the syringe, the bladder again empties itself, is again injected, and again empties, and all is well.

This lengthened catheter was of further importance in this case from the fact that for six weeks after the embolism the slightest movement of the patient's body induced cardiac embarrassment, pain in the right side of the thorax, and vertigo.

Indeed those symptoms are still present (May 10th), although steadily disappearing. The patient can now sit up for nearly a day in an adjustable invalid's chair. Standing is im-

possible, as it induces a tendency to syncope, immediate exhaustion, and severe pain in the side. The urine is now normal. The abdominal and pelvic tenderness is scarcely perceptible. The appetite, which was entirely absent for about two months, is slowly returning. The cystitis and urethritis are no longer troublesome. The sleep is once more natural and refreshing. The pulse is regular and normal. In short the patient is slowly but surely recovering. But the slightest indiscretion, such as sitting erect for an hour, rising up suddenly, turning in bed thoughtlessly, the effort necessary to evacuate the bowels, or even the bladder (which she has of late successfully essayed three times)—any such effort brings back an array of symptoms which will not depart till after twenty-four hours of rest. Nevertheless, so well assured am I now of the ultimate result that I have ventured to report this now as a case of recovery from post-partum pulmonary embolism.

A word now as to diagnosis and treatment. Can there be a doubt about the correctness of the diagnosis? Will any other affection than thrombosis and embolism account for the history here imperfectly outlined? I know of no other. I cannot discuss this point at length here. I must refer the reader to chapters six and seven of Playfair's *System of Midwifery*, where an admirable *resume* of the whole subject, with illustrative cases, will be found. Let it suffice to say that the diagnosis is based upon

the following elements in the case:

- (a.) The previous condition of the patient, explicable on the theory of an intra-pelvic thrombosis.
- (b.) The *suddenness* of the attack.
- (c.) The *locality* attacked.
- (d.) The *time* of the attack, twenty-one days after delivery.
- (e.) The characteristic symptoms *instantly developed*, and the entire subsequent history.

The bile in the urine needs explanation perhaps; but considering the old hepatic disease, the circulation in that organ must have been so disturbed, or in other words it must have been subjected to venous congestion, by reason of the cardiac embarrassment, to such an extent as to explain its participation in the disturbance. The renal and vesical disorders may possibly receive explanation in like manner.

As to the treatment employed it may be fairly claimed that it illustrates the value of Ether, Opium, rest and *time*. I do not suppose that any one will seriously attempt to "cure" an embolism. Minor ailments occurring in the course of the recovery were submitted to the usual homœopathic remedies. Thus Aconite and Belladonna and Bryonia acted favorably upon the fever, the local inflammation, and the consecutive pleuritis. Mercurius improved the condition of the gastric mucous membrane, as indicated by the tongue, etc. Apis *undoubtedly* played an important part

in aiding the restoration of the renal function. For the first three weeks Hydrate of Chloral, from five to ten grains, reduced the extreme nervous irritability so that the patient could sleep. Subsequently *Nux vomica* accomplished the same end quite as satisfactorily. But I admit that

nothing is to be learned in homœopathic therapeutics from such a course of treatment. The very best of nursing, incessant care, friends that never wearied, absolute rest, eternal vigilance, and TIME, were the real physicians in this rare and interesting case.

ELECTRICITY.—ITS FORMS.

C. W. BOYCE, M.D., AUBURN, N. Y.

II.

It is generally understood that electricity is manifested in three different forms, viz., as magnetism, as static electricity, and as dynamic electricity.

Magnetism is that property which is manifested in the lodestone. This is a species of iron—one which has been rendered magnetic and retains this property permanently. It attracts soft iron and renders it magnetic so long as they are in contact. Steel is also rendered magnetic by contact with the lodestone, and it retains its magnetism permanently. This is a very broad practical difference: the soft iron becomes more powerfully magnetic than steel while the influence lasts, but it loses its magnetism as soon as contact is broken with the lodestone; the steel retains it.

If an insulated wire be coiled around a rod of steel or soft iron, and a current of galvanism be passed through or along this wire, the steel or soft iron within the coil takes on mag-

netism or becomes a magnet. This artificial magnet has the same power to impart the magnetic property that the lodestone has. The steel rod will retain its magnetism after the current of galvanism ceases to flow along the insulated wire, but the iron rod does not retain it.

Another property the rod has acquired, viz., a tendency, when free, to move to place itself in a position pointing north and south—the same end invariably pointing south, and the other north. If the coil of wire containing the rod of soft iron or steel be placed on a float in water, and the current of galvanism be passed through the coil, the rod immediately, by its acquired magnetic power, begins to move the float so as to point toward the north and south, thus obeying the law of polarity.

The steel rod retains this property of polarity, and thus becomes of the greatest use, scientifically. It then becomes the magnetic needle.

There are three great sources whereby electricity is made manifest: by the effect of heat, by friction, and by chemical action. Any body or substance (especially those which are composed of iron, or which contain iron,) which is being heated at any given point, from which the heat radiates to the other parts of that body, manifests a current of electricity, and this current is from the heated to the cooler parts. This is a law of electricity. When the sun, that great source of heat, warms the earth, which in its revolutions presents constantly a new surface to the direct rays of that body, it follows from the law that there is a constant current of electricity flowing from east to west—from the heated to the cooler part. In its revolution the earth has not had time to cool toward the east, consequently the current is always toward the west.

On comparing this condition of the earth, with its constant current of electricity passing around it, with the rod in the wire coil, where the galvanism is constantly passing around it, we cannot fail to recognize the similarity. The earth is rendered magnetic. The rod is rendered a magnet. All substances which have thus taken on the magnetic condition permanently, from the influence of the earth current, are called natural magnets.

It is found by experiment that any magnet when free to move will always place itself at right angles to any current of electricity passing in its immediate vicinity. The constant current

from east to west explains why the magnetic needle always points north and south, since it is imperative that the needle shall place itself at right angles with this electric current.

From the above considerations we might reasonably infer, contrary to the general understanding, that magnetism, instead of being a form of electricity is only an effect. However, it is quite probable that magnetism is only one manifestation of electricity, since each, under proper conditions, as we shall see, induces the other.

These two conditions—the permanent and the temporary magnets—answer, in their own way, to fulfil two very important purposes. The one pointing with unvarying constancy to the north pole, guiding the mariner unerringly over the trackless ocean, and the other rendering it easy to telegraph through all space where a conductor may be placed. The needle must be a permanent magnet. For telegraphing no other form can take the place of the temporary magnet. The value of these magnets is entirely relative—the permanent magnet depends upon the fineness and the hardness of the steel for its strength, and the temporary magnet upon the softness and purity of the iron. The one should change as little as possible, and the other as readily as possible. The firmer and harder the steel, the slower it takes on the magnetic state and retains it with the greater tenacity; the softer and purer the iron the more readily it takes on and gives up the magnetic condition.

By the use of the soft iron magnet telegraphing is easy. It seems altogether probable that some other process would be invented whereby telegraphing could be done should the magnet disappear, but as yet this is only being experimented with, and no satisfactory result has been reached. As it is, telegraphing has become so simple an affair that any one who chooses can study its workings, and a description of the apparatus and its workings will convey most readily an idea of the temporary or electro-magnet. It requires that two places, separated from each other, shall be connected by a conductor: A galvanic battery is necessary at one end of the conductor. Generally there is one at each end. These batteries must be connected with the earth, or a second wire must connect the batteries, in order to complete the circuit. At each place there must be an instrument to receive the messages. The Morse instrument is the only one with which I am acquainted. This consists essentially of a piece of soft iron bent in the shape of a horse-shoe, around whose ends is coiled an insulated wire, so arranged that the battery current can be made to flow along it, and when the current thus flows through this wire the soft iron becomes a magnet, and so continues as long as the current continues to flow. In addition to the bent soft iron, there is a lever on which is a piece of soft iron so placed that it acts as an armature to the bent soft iron. The lever terminates in a point which

is in close proximity to a moving strip of paper. In order to a clear understanding we will suppose that there is a battery at each end of the conductor. At each end also is an apparatus by which the operator can make or break the connection. This is called a key. When a message is to be sent the operator closes the circuit and a current of electricity flows along the conductor and around the bent soft iron, thus rendering it magnetic. This being magnetic, attracts the armature and this brings down or up the lever which moves the point toward the moving paper, and by the point pressing in the paper a mark is made. When the operator opens the circuit the soft iron is demagnetized, and this allows the armature to withdraw and then no mark is made. It is thus in the power of the operator to make long or short marks, or even dots, at pleasure. A system of marks and dots corresponds to the alphabet. The instantaneous making and unmaking of the magnet is a necessity. A permanent magnet has been used but it was found greatly inferior to the electro-magnet. This instrument was generally in use for many years, but lately it has been superceeded, and now the sounds of the instrument is listened to and the message written out.

The electro-magnet is used in the construction of one class of machines for medical purposes, and gives them their names, viz., electro-magnetic machines. There are others constructed with permanent magnets,

and these are called magneto-electric machines.

"Magnetism produces two remarkable effects—sound and elongation. When a good ear is placed near an iron core, just as the current is being established around it, a click is heard. The same sound is heard when the current is broken. Place a rod of soft iron in an electro-magnetic helix, with its ends resting in two trays, and musical sounds may be produced. Elongation of a bar, when magnetised, is thus explained. The bar may be supposed to be made up

of particles united by cohesion but capable of removal.

When the bar is magnetised these particles put their largest diameters lengthwise to the bar, or tend in that direction. That sound was an effect of magnetisation was discovered by Page. The elongation of a bar by magnetisation was discovered by Joule, of Manchester, one of the pioneers of the doctrines of the correlation and conservation of forces. Grove has also shown that iron filings, suspended in a cylinder, around which the current runs, attach themselves end to end."—Beard and Rockwell, page 10.

NEW PUBLICATIONS.

A TREATISE ON DISEASES OF THE EYE. By H. C. ANGELL, M. D. Fifth Edition, revised and enlarged.

The fact that this book has reached its fifth edition so rapidly, is good evidence that it supplies what is wanted by many practitioners. Those who are seeking a convenient hand-book in which condensed descriptions of disease and an outline of treatment are given together, find it in this volume. There is room for difference of opinion as to what a work written *not* for specialists should contain. When it is designed to keep the volume within certain limits, there is a decided practical advantage in devoting the space to the thorough consideration of the diseases introduced and

omitting such as must be treated so superficially as to offer no definite instruction. We believe this work would be improved by pruning in some places and enlargement in others, useful as it has undoubtedly been, and will be in the present form.

Its therapeutics, as at present given, can scarcely fail to disappoint the homœopathic student. He is forced to the conclusion, in several instances, that the internal treatment recommended is superfluous, since the local treatment given is often productive of good results when used alone, and is substantially that of the allopathic school, and the indications for internal remedies are not at all specific.

The author states in his preface

that "alterations or additions have been made on upwards of 80 pages," and a reference to these changes shows the writer to be familiar with the current literature of the old school on the subjects discussed. "There is, however, something conspicuous in the absence of much valuable material which has accumulated in the homœopathic literature, from the pens of men noted for good judgment and careful observation.

A foot-note on page 28 refers to the recent discovery of the retina purple. On page 36 the statement occurs that myopia is *not* congenital, instead of "often congenital," as in the previous edition. On page 64 a few words are introduced on the relation between the ciliary muscles and the internal recti, which subject deserves fuller treatment, and might be amplified to great advantage. On pages 150 and 151, the actions of Gelsemina and Eserine, when locally applied, are set forth; and on pages 122, 170 and 230 the local use of Eserine is recommended in ulcer of the cornea threatening perforation, glaucoma, and suppurating cornea, respectively, because of the power to diminish tension.

When giving the treatment of muscular asthenopia, although such doubtful measures as prisms and operation on the muscle are stated, no mention is made of oft-used remedies, like *Natrum mur.*, *Conium*, *Agaricus*, etc. On page 192 the treatment of detached retina does not include the good results that have been derived from the internal use of *Gelsemium*, although

these results are exceedingly rich in their indirect as well as direct testimony. On page 253 we do not find *Causticum*, *Gels.*, and *Arg. nit.*, or, indeed, any remedy internally advised for paralysis of the ciliary muscle, notwithstanding the brilliant cures that have been accomplished by their use. These, and many other marked absences of this character, might readily be supplied and enhance the value of the work.

On page 97 we read that diphtheritic conjunctivitis is very rarely, perhaps never, seen in this country or in England. A number of cases are reported in the Royal London Ophthalmic Hospital Reports, and not a few have been reported in this country. On page 254 in speaking of spasm of the ciliary muscle it is stated, "the affection may be diagnosed by the aid of the ophthalmoscope, which shows a hypermetropic refraction notwithstanding the existing myopia for distance." Query: If the ciliary muscle is in a state of tonic spasm, and the lens thus rendered permanently more convex, how can the existing hypermetropia be determined by the ophthalmoscope? If the muscle could be relaxed under the ophthalmoscopic examination, would it not also be relaxed when viewing the type twenty feet distant? On page 274 a case of blepharospasm is cited to illustrate the value of *Nux vomica* and *Gelsemium*. In the last edition it was perhaps admissible to say, "the patient is now so much better that I am certain that these two remedies will cure the

case," but after the lapse of a year the actual result would be better than the conjecture.

Some new cuts have been introduced into this edition, which further illustrate the anatomy of the eye; and quite an important addition is the short chapter on the dioptric system, which is now almost universally adopted in prescribing glasses.

The book retains its convenient form and attractive appearance, and each succeeding edition is the best.

SEXUAL PHYSIOLOGY: A Scientific and Popular Exposition of the Fundamental Problems in Sociology. By R. T. TRALL, M.D. New York: Wood & Holbrook; \$2.00.

First is given an anatomical des-

cription of the male and female organs, illustrated by cuts. Then in successive chapters are discussed the following topics, origin of life, sexual generation, the physiology of menstruation, impregnation pregnancy, embryology, parturition, lactation, law of sex, regulation of the number of offspring, the theory of population, law of sexual intercourse, hereditary transmission and philosophy of marriage. This is rather plain talk for family reading, yet it gives the information that cannot well be given otherwise. The treatise is minute enough for professional uses. The chapter on law of sex, if there is a discovered law, (and it would seem that the evidence is in point), may be of interest to some.

MEDICAL MEMORANDA.

CALIFORNIA SOCIETY.

The annual meeting of the California State Homœopathic Medical Society was held in the hall of the Young Men's Christian Association, San Francisco, May 8th and 9th. G. M. Dixon, M.D., of Sacramento, President, in the chair. Thirty-one members from various parts of the state responded to their names, representing the best known and most indefatigable workers in the homœopathic ranks.

After listening to the reading of the annual address of the president, on the Rise and Progress of Homœopathy on the Coast, a very able document, replete with many valuable suggestions, the following new members were elected: From San Francisco—Drs. C. M. Seeley, M. T. Wilson, G. E. Davis, J. P. Fuller. Oakland—Jennie Bearby, J. C. Ray-

mond, C. Munson, S. G. Tucker. Alameda—W. H. Loomis. Sacramento—G. Pyburn, R. Schulz. Petaluma—Shepard. Nevada City—E. W. Charles.

The following officers were elected: J. E. Nicholson, president, Oakland; C. M. Seeley, San Francisco, J. K. Clark, San Francisco, vice-presidents; G. E. Davis, secretary, San Francisco; Sidney Worth, corresponding secretary, San Francisco; M. J. Werder, treasurer, San Francisco. M. Breyfogle, San Jose, J. M. Selfridge, Oakland, A. Lillienkrantz, Oakland, T. C. Coxhead, Oakland, Laura Ballard, San Francisco, censors; G. M. Dixon, Sacramento, H. H. Lyons, Oakland, G. E. Davis, San Francisco, H. H. Ingerson, San Francisco, W. A. Ely, San Francisco, board of directors.

A board of examiners with alternates were duly elected. The second day's session was devoted to reading reports of the various bureaux, the chairman of each presenting able and exhaustive papers on the various topics assigned, among which may be mentioned Angina Pectoris, by J. N. Eckel, of this city; Fracture of Patella, by G. M. Pease, San Francisco; Hæmorrhoids, by E. S. Breyfogle, San Jose; Medical Education, by C. W. Breyfogle, San Jose; Follicular Pharyngitis, by J. M. Selfridge, Oakland; Fœticide, by J. E. Nicholson, Oakland.

At 7:30 P. M. the society proceeded to the San Francisco Verein, where a fine feast awaited the followers of Hahnemann. Dr. Nicholson presided during the entertainment, and a number of toasts were drank, stories told, and reminiscences related. At midnight the banquet closed, all agreeing to hold the next session at Sacramento, next September.

AMERICAN INSTITUTE.

The American Institute of Homœopathy will meet on the 18th, 19th, 20th and 21st of June, at Put-in Bay, Ohio, the convention will undoubtedly be largely attended. The members and chairmen of the several bureaux should be on the alert, and see that their papers are completed and forwarded early. We hope all will labor to make this meeting a grand success.

WESTERN ACADEMY AND OHIO STATE SOCIETY.

A preliminary meeting of the sixth regular and fifth annual session of the Western Academy of Homœopathy, was held in one of the lecture rooms of Pulte medical college, Cincinnati, May 14th, at 11 A. M., Dr. C. H. Vilas, general secretary, presiding.

In the absence of Dr. O. S. Runnels, provisional secretary, Dr. Duncan, of Chicago, was appointed secretary pro tem.

A committee consisting of Drs. S. R. Beckwith, E. P. Gaylord and M. H. Parmlee, presented an invitation to meet the Ohio State Society in joint convention.

This invitation was accepted and Drs. W.

L. Breyfogle, T. J. Boyd and T. P. Wilson, appointed as a committee to confer with the committee from the State Society to arrange the programme for a joint session.

The Academy then adjourned until 2 P. M., at which time it was called to order by Dr. C. H. Vilas. On motion the members proceeded in a body to the upper room where the Ohio society was in session.

Dr. J. B. Hunt, president of the Ohio society welcomed the Academy in an appropriate manner. Dr. M. M. Eaton, chairman of the special committee of arrangements, read an address of welcome to the members of both societies, on behalf of the physicians of Cincinnati, Covington and Newport.

Pres. J. B. Hunt read his address on Our Need of Greater Care in Scientific Observations. He recommended the appointment of a Bureau of Sanitary Science, also a Bureau of Hereditary Transmission, and that a committee of two be sent to the delegate convention at Indianapolis to represent the interests of their college.

Dr. J. H. Miller moved that the address be received and referred to the Ohio society. Carried.

Dr. T. P. Wilson on behalf of Dr. Eaton and himself, special committee of arrangements, made a few remarks in regard to the conduction of affairs for the next three days. All member were to be provided with badges which, among other things, would secure exemption from arrest by the police of the city. To-morrow afternoon they were to visit the zoological garden. He had a letter in his hand from Mr. John Simpkinson, addressed to Dr. Eaton, chairman of the committee, inviting the convention to visit the "zoo."

Dr. M. M. Eaton explained the various ways of reaching the garden and that all wearing badges would be admitted; also that the animals would be fed at four o'clock.

Dr. Wilson.—You may expect to get your suppers at that time.

Dr. Eaton.—At 4.30 we will meet at the Lookout house, where something in the way of refreshments will be provided.

The invitation was accepted with the thanks of the convention.

Dr. J. H. Miller stated that the address of the president of the Western Academy was on the table, and that in his absence it would be well to take some action in regard to it.

Dr. Wilson said he had just received a letter from Dr. McFarland who sent regrets at his inability to be present.

The address was read by title and, on motion, received and placed in the hands of the publishing committee.

The regular order of business was then taken up, this was the bureau of gynæcology.

Dr. D. H. Beckwith said as far as the State Society was concerned the bureau of gynæcology was closed, and they were ready to hear from the Western Academy.

Dr. Vilas stated that the chairman of this bureau, Dr. O. S. Runnels, of Indianapolis, had not yet arrived, but that by the rules of the society the next on the list, Dr. Beckwith, would act as chairman.

Dr. Beckwith reported a paper on Eclampsia, from Dr. E. Murphy, of New Orleans; a volunteer paper on the Therapeutics of Ovarian Diseases, by Dr. W. Eggert, of Indianapolis, with the request that it be read; and one by himself, on the Pathology and Treatment of Uterine Displacements, Dr. Beckwith read his paper and then said he should like to hear Dr. Eggert's.

On motion the convention requested Dr. Eggert to read his paper, which he did.

A motion was here made and carried that all members desiring to discuss a paper be required to stand on the platform.

Dr. McNeil, of New Albany, Ind., said that it gave him great pleasure to hear a paper read that was homœopathic. We had heard too many and read too many papers that were not at all homœopathic, they would do just as well one place as another and might appear in an eclectic magazine, *Popular Science Monthly*, or *Munchausen's Journal*. He was sorry Dr. Eggert was not allowed to finish his paper, but hoped to see it in some of the journals, as the ideas were excellent. (Each

member is allowed only fifteen minutes when reading a paper).

This bureau was closed, no one wishing to discuss the papers read, and the bureau of clinical medicine was called for.

Dr. Foote reported papers from Dr. Breyfogle and himself. Owing to Dr. Foote's hoarseness Dr. Miller read the former's paper on Ventilation, Dr. Breyfogle followed with a paper on Treatment of Hæmorrhoids. Dr. Foote said he had just received a paper from Dr. B. P. Brown, of Cleveland. The paper was read by title and referred; subject, Intra-uterine Submucous Fibroids.

Dr. McNeil read a paper on Cases Treated with High Potencies.

Dr. Foote reported a paper received from Dr. Phillips, of Cleveland, entitled Diphtheria vs. Cold. Did not know the authors name. Referred. He also reported a paper from Dr. Ayers, of Rushville, Ill., and stated that Dr. Campbell, of St. Louis, had a paper which should have been given to the bureau of provings, but that the Doctor had not arrived in time and he wished to present it to this bureau.

On motion Dr. Campbell was requested to read his paper which he did; subject, Eye and Ear Hints for Provers.

The convention then proceeded to the discussion of the various papers presented, after which the bureau of clinical medicine was on motion closed and the societies adjourned until 9 A. M. Wednesday.

WEDNESDAY.

The Western Academy met at 9 A. M., Dr. Miller, of Abingdon, Ill., in the chair.

Dr. Vilas, secretary, read his report and stated the amount due him on account of expenses incurred. On motion the report was accepted, and the bills referred to the auditing committee.

Dr. Foote, treasurer, said he had just received the books from the former treasurer, and therefore had not had time to prepare a report. He had also received a letter which he handed to the secretary to read. Dr. Foote was instructed to present a detailed report at the next meeting.

The following gentlemen were elected members: Drs. J. T. Thompson, New Castle, Ind.; T. C. Bradford, Cincinnati, Ohio; G. A. Hall, Chicago, Ill.; N. A. Pennoyer, Kenosha, Wis.; T. J. Williamson, Cincinnati, O.; H. P. DeVöl, Tonica, Illinois; J. B. Brooks, Hot Springs, Arkansas; Gustave Schuricht, New Orleans, La.; R. D. Valentine, Belleville, Ill.; A. McNiel, New Albany, Ind.; T. Bacmeister, Toulon, Ill.; T. B. Herman, St. Paul, Minn.; C. J. Berger, Boonville, Mo.

The Academy adjourned to meet at 7:30 in the evening, and went into joint convention.

EVENING SESSION.

Dr. Vilas said he had received a paper from Dr. Williams, of Chicago. This was read by title, and referred.

The bureau of ophthalmology and otology then reported through Dr. Vilas, who stated that Dr. Campbell first in the list had a paper which he would read. Dr. C. then read a paper on Lagophthalmos with Ear Complications; Dr. Wilson, on Studies in Refraction; Dr. Vilas, on The Effects of Hypermetropia, or Oversight. Dr. White read a paper on Tinnitus Aurium, and reported one on the same subject from Dr. Phillips; also one on Rupture of the Iris, by Dr. Van Norman.

Dr. Edmunds moved that the bureau be closed. Carried.

Next in order came the report of the bureau of obstetrics. Dr. Walker reported papers from Dr. Comstock, St. Louis, on the Use of the Forceps; Mrs. Dr. Howard, on the Ætiology, Diagnosis and Prognosis of After-pains; Dr. Edmunds, on Strangury as an Early Sign in First Pregnancy; Dr. Brigham, on Retained Placenta; Dr. Emma E. Sanborn, on Fruit Diet During Pregnancy; Dr. Bowen, on Confinement and How to Avoid the Dangers Incident to It; Dr. Cullison, on the Laws of Transmission, Paternal and Maternal; Dr. Webster, on the Pathology of After-pains.

Dr. Eaton read a paper on Abnormal Pregnancies, which he illustrated by some rare specimens of foetal monstrosities.

Dr. Walker read a paper on Abnormal Pregnancies.

Dr. Sanders read a paper on Obstetric and Regiminal Treatment of After-pains.

Dr. Hunt, Covington, Ky., read a paper on the Therapeutic Treatment of After-pains, and also one on Post-partum Hæmorrhage, Treated by Hypodermic Injections.

The convention then adjourned until 9 o'clock Thursday.

In the afternoon the zoological garden was visited until 4:30, when the physicians made their way to the Lookout house, where a sumptuous banquet had been prepared. After all had partaken of the good things set before them, Dr. Wilson gave the following toasts:

The Zoo.—All honor to the liberality and enterprise that enables us to take so good a view of our ancestors.

Responded to by Dr. Breyfogle.

Cincinnati—The Paris of America, and the rest of creation.

Dr. D. H. Beckwith responded to the first part, and Dr. Valentine to the second part of the toast.

Medicine and music, both, when of the right quality, are pleasant to take.

Responded to by Dr. Duncan.

Homœopathy—A lively corpse for a dead one; and a funeral indefinitely postponed.

Responded to by Dr. Sanders.

The Ladies.

Responded to by Drs. Miller and Campbell.

The Press—Up with the times, ahead of the times, and to be taken at all times.

Responded to by Mr. Thomas and W. R. Snowden, of the *Cincinnati Times*.

The party then returned to their quarters much pleased with the hospitality of Cincinnati physicians.

An evening session of the Western Academy was held at the Gibson house, Dr. Miller in the chair.

On motion the society proceeded to elect officers for the ensuing year, with the following result: Drs. J. H. Miller, president, Abington, Ill.; P. G. Valentine, St. Louis, Mo., W. L. Breyfogle, Louisville, Ky., Thos. Bacmeister, Toulon, Ohio, vice-presidents; T.

C. Duncan, general secretary, Chicago; M. Ayers, provisional secretary, Rushville, Ill.; G. W. Foote, treasurer, Galesburg, Ill.; C. H. Vilas, Chicago, T. P. Wilson, Cincinnati, M. M. Eaton, Cincinnati, G. S. Walker, St. Louis, A. McNeil, New Albany, Ind., board of censors.

St. Louis was selected as the place for the next annual meeting.

Dr. Beckwith offered the following which was adopted:

Resolved, That the chair appoint a special publishing committee, consisting of three members, which shall receive all papers and shall select such as are worthy of publication and distribute them equitably among the journals of Chicago, St. Louis, and Cincinnati, represented here.

Drs. Beckwith, Breyfogle and Quirell were appointed by the chair.

The society then adjourned to 9 A. M.,

THURSDAY.

The convention was called to order at 9:30. The bureau of surgery was taken up. Dr. Biggar reported the following papers: Diseases and Injuries of the Knee-joint, by Dr. Buell; Barton's Fracture, by Dr. Lobaugh, Elmwood, Ill.; Laxation of Ankle, with Case, by Dr. Gaun; Hydrocele, by Dr. Hall; Homœopathic Therapeutics of Tetanus, by Dr. Allen, Detroit; Dr. Parnell then read a paper on The Bite of a Leopard; Dr. Parsons, St. Louis, on Antiseptic Treatment of Wounds.

Dr. Vilas here asked the indulgence of the assembly for a few minutes, and stated that heretofore there had always been some trouble in regard to the papers, and he wished to say that he had turned all papers over to Dr. Ballard, secretary pro tem, of the Ohio society. Also said he had just received a paper on the death of Dr. J. R. Allen, of Memphis, from L. D. Morse, which should be given to the committee on Necrology.

Dr. Biggar—Dr. Beckwith is present and has a paper to read. Have here a paper by Dr. Bowen on Crimes, the Effect of a Diseased Condition.

Dr. Beckwith then read a paper on Tracheotomy; presented one on Lithotomy,

and read a third on the Danger of Hemorrhage and How to Arrest it.

Dr. Biggar stated that all the papers of this bureau were in, except his own, which he would read; subject, Cures, Symptoms and Pathology of Tetanus.

After a few remarks from Dr. Beckwith strongly criticising Dr. Biggar's paper, the bureau was declared closed.

Dr. Sanders moved that Dr. Campbell, of St. Louis, be appointed delegate to the World's convention, to be held shortly in Paris. Carried unanimously, and the secretary was instructed to furnish him with credentials.

The bureau of materia medica then reported through its chairman, Dr. Breyfogle, who said the following members of the bureau, Drs. Eaton, Duncan, Elder and Geppert, would read their papers. Also had volunteer papers from Drs. Hodges, Warrensburg, Mo., Morse, Memphis, Tenn., Logan, Oxford, O., and Boyd, Indianapolis.

Dr. Carter reported papers by Mrs. Dr. Canfield, on The Comparative Method Illustrated from the Cerebro-spinal Group; by Dr. Owens, Cincinnati, How to Make the Materia Medica Interesting to the Student and Useful to the Physician; by Dr. Baxter, on Relation of Symptomatology to the Materia Medica.

On motion it was decided that the order of business for the afternoon session should begin with a discussion on the papers presented by this bureau.

Adjourned until 2 P. M.

The societies convened at the time appointed, Dr. Miller presiding.

After some discussion on the identity of Rhus tox. and Rhus rad., the bureau of materia medica was on motion closed.

Dr. Duncan said he had only two papers to present from his bureau. The bureau was then closed and that of anatomy, physiology and psychology reported through Dr. Buck, of Cincinnati. Two papers were read, one by Dr. Lukens, on Contagion; and one on Nutrition, by Dr. Buck. A few remarks were made by Drs. Duncan and Buck on the latter's paper and the bureau closed.

The bureau of sanitary science was then called. Dr. Valentine reported a paper from Dr. Hollingsworth, of Keithsburg, Ill., and read one by himself on the subject, *That Modern Cities are Healthier than the Country*. Bureau closed.

It was moved and carried that the thanks of the convention be tendered to the physicians of Cincinnati and vicinity, for the very excellent manner in which they have entertained us.

On motion a vote of thanks was also given to the faculty and students of Pulte medical college, for the use of the handsomely decorated lecture rooms.

The convention then adjourned.

Drs. Eaton and Wilson deserve hearty thanks for their untiring efforts to further the comfort and pleasure of all who attended the convention.

ILLINOIS HOMŒOPATHIC STATE MEDICAL ASSOCIATION.

The twenty-fourth annual meeting of this association, met in convention at the club rooms of the Grand Pacific hotel, in this city on the morning of May 21st, with a large attendance of both visiting and local members. Among the visitors we noticed Oscar C. De Wolf, M. D., Health Officer of Chicago; Thos. F. Nelson, Optician, Chicago; A. J. Tafel, of the well-known firm of Boericke & Tafel; C. Gilbert Wheeler, Chemist; Dr. J. J. Davis, Vinton, Iowa; Prof. A. S. Everett, St. Louis, Mo.

The meeting was called to order by the president, Dr. J. A. Vincent, Springfield. Communications were read from the Wisconsin Society, Dr. M. M. Eaton and other absentees, after which the president delivered his annual address, in which he referred with pleasure to the creation of that important branch of the public service, the state board of health, dwelling at some length on the power of the board to examine and inquire into the professional standing of every physician attempting to practice in the state. The granting of such power was, in the president's opinion, a step in the right direction. The

outlook for medical men and students was not, on the whole, as encouraging as it might be, for the reason that the profession was overcrowded with reckless incompetents, and the standard of admission to medical colleges was so low that students came from the ranks of the butcher-boys, stable-boys, etc., who, after an attendance of from six to eight months, were turned loose upon the land with authority to kill or cure. This growing evil called loudly for reform, and the only reform possible or practicable was by raising the standard of medical education. He recommends the establishment in medical colleges of departments of hygiene, to the end that there might be more general knowledge on this important subject of the laws of health. In conclusion, the president ventured to prophesy that homœopathy was bound to become the universal system of cure. This, as well as the other portions of the address, was received with applause.

Pres.—The next thing in order is the report of committees.

Dr. Duncan.—I move before we proceed any further, that the address of our friend, (the president,) be referred to a committee. Carried.

Pres.—How shall the committee be appointed?

Member.—I move that the secretary appoint the committee. Carried.

The secretary then appointed Drs. Smith, Streeter and Danforth.

Dr. Streeter.—There is one thing should come in here which would be in the direct line of the valuable suggestions contained in the address of our president, and would also be instructive to our board of censors, this is the resolution introduced before our society last year as an intended amendment to the constitution. If there is no objection I would like to bring it up. It is proposed to amend Article iv. of the Constitution, so as to read :

The qualifications of permanent membership in this Association shall be as follows, viz., the candidate must have the degree of Doctor of Medicine from some legally organized medical school, *after at least two full courses of medical lectures*; or failing in this, etc.

Dr. Smith.—Before you proceed any further I beg to say a few words. I was very much interested in the president's address, especially in those points where he tells what homeopathy is and what is expected of it. It is a very important subject and I should like to say many things in regard to it, but I cannot give it that attention which it needs without transgressing upon your time. I want to decline the honor of serving on the committee of publication and to have it transferred to Dr. Cooke, who is more worthy and will be a better man for the position.

Pres.—What is the pleasure of the society?

Member.—I move that Dr. Smith be allowed to withdraw, and that Dr. Cooke be appointed as his substitute. Seconded and carried.

Dr. Smith.—I call for the reading of that portion of the constitution to which this resolution refers, and why it should be amended.

The secretary then read Art. iv. of the Constitution.

Dr. Smith.—I do not believe in this resolution. This society has been known for a quarter of a century, and there are gentlemen who have been practitioners for years and who are eminently qualified to be members of this society, yet they have not attended two courses of lectures. I do not propose to argue for a one course or a two course system. The matter is simply this, that we should allow the colleges to determine this matter when the students go before them for graduation. Let the colleges regulate this matter. I move to lay this amendment on the table. Seconded, put to vote and lost.

Member.—Do I understand that this motion is to call up the subject?

Pres.—This calls it up and opens it for discussion. Are you ready for the question? The ayes have it and it is now before the convention. What shall be done with it?

Dr. Streeter.—I move that following resolution be adopted, so as to make Art. iv. of the Constitution read as follows:

The qualifications of permanent membership in this Association shall be as follows, viz., the degree of Doctor of Medicine from some *legally* organized medical

society, or failing in this, etc.

Dr. Cooke.—It seems to me very proper to inquire how many courses of lectures candidates have received. We must recognize the fact that one man may learn in a year what another would hardly learn in a century, and the number of courses of lectures would not be a fair test of a candidate's education. It would be policy for all colleges to demand two courses. After graduation the candidate presents himself here for examination so that the society exercises a sort of censorship over the proceedings of the colleges, and therefore I see no necessity for the resolution, and I hope it will not pass.

Dr. Beebe.—As I seconded this amendment I would like to say a few words as to the reasons which led me to do so. In answer to the previous speaker, it is intended to discriminate as much as possible against "diploma shops." It is well known that such "shops" exist in this country, where they are graduating them wholesale, regardless of all requirements. The talk has been, and is now, to elevate the standard of medical education. Resolutions have been adopted to carry on the good work of elevating the standard, but nothing has been really done. Our president has just read his address, in which he states particularly, that all medical colleges have lowered instead of raising the standard, and we ought to put our seal of condemnation on such practices. The state board of health has already said they will not recognize the diplomas of these regularly organized diploma shops, and some of our members will get up here and say the state society should accept these diplomas because we have no right to go back of the diplomas which they say are certificates that the candidates have been found worthy. But the time has come when every state society shall speak out in unmistakable terms on this subject. I shall be very sorry indeed, after all that has been said upon this subject if this state society shall put itself in the position of saying that we will recognize students who have been graduated on one course of lectures.

Dr. Duncan.—I move as a substitute, the following:

The qualifications of permanent membership in this Association shall be as follows, viz., the candidate must have the degree of Doctor of Medicine from some organized medical school recognized by the state board of health, or failing in this, etc.

Dr. Streeter.—That does not change it at all. Of course we recognize what the state board of health recognizes. They recognize all colleges that have not been proved guilty of selling diplomas. They recognize every school in this country. We ought to go a little farther than this. Dr. Cooke says the state society exercises a censorship over its colleges; the state society should have a censorship over every medical man in the state. If a man cannot get admittance into our society all he has to do is to appear before the board of censors and pass an examination. What we wish to do is this, to go on record as having at least passed a law that we will not accept a man who has graduated on one course of lecture. We wish to have a full expression and want those voting for and against to vote intelligently.

Dr. Smith.—I believe there is but one feeling among all the gentlemen present, they wish to elevate the standard of medical education; so that to discuss this resolution is an unnecessary waste of time. The constitution informs colleges that we will recognize only such institutions, and is sufficient; if these say the candidate is qualified whether he has had one or two courses of lectures. Some of the the best men in our convention perhaps, have had but one course. A gentleman doing the largest business in Chicago to-day, I have been told, never graduated in a college at all. Let us have stringent rules rather than a certain number of courses, I don't care whether it is from one or six courses, leave that matter to the colleges. However, I accept Dr. Duncan's amendment.

Dr. Tooker.—Dr. Duncan's amendment will get us into trouble, for this reason: I hold a letter in my hand from a man who applies for membership; he graduated in 1869. If Dr. Duncan's amendment passes,

you have graduates who have passed two full courses of lectures and who hold diplomas, yet you will be unable to recognize them because the state board of health does not recognize the diplomas of defunct colleges.

Member.—Do I understand that a diploma from a defunct institution is not recognized by the state board of health.

Pres.—That cannot be.

Dr. Hawkes.—I will state that there are two gentlemen here from defunct colleges.

Dr. von Tagen.—I myself am a graduate of a defunct college.

Here several at once claimed to be graduates of defunct colleges, and were proud of their diplomas. Order being restored, the president called for further remarks.

To be continued.

FAMILY CASE.

We have often enquiries as to the best medicine case and book for family use. We have not been able to give a perfectly satisfactory recommendation, owing to the fact that too many remedies are used, and the books too large and confusing for the laity, or else too empirical. A new case just out, by Dr. Shipman, containing fifteen most useful remedies, with remedial symptomatic indications, printed in leaflet and attached to the inside of cover, exactly meets our idea as to a proper case for family use. Forms of sickness that will not be met by these remedies and indications, demand professional attention. We believe much time is often lost in searching through thirty or forty remedies, and the bewilderment that will often follow, is apt to result in an improper prescription. This case will easily slide into a coat pocket. Price \$2; filled and complete with indications.

MENSTRUATION.

This is an ingenious tabulation, by Wm. Jefferson Guernsey, M.D., of the various menstrual effects of more than one hundred and fifty remedies. The practitioner, at a glance, can see the degree of usefulness that any medicine sustains to any variation from the normal,

both in regard to pains, character of discharge, and the early, late, profuse, etc., all of this is within the space of nine pages. Every physician should have this little reference book, the cost is scarcely nothing. So far as we can judge the book is reliable, and well it may be, for no doubt it has passed under the eye of the author's distinguished relative, H. N. Guernsey.

PERSONALS.

Dr. J. G. Hagler has located at Virden, Ill.
 Dr. Wm. Watts, has located at Sylvania, O.
 Dr. H. Neill has located at Rushville, Ill.
 Dr. H. Burrows has located at El Paso, Ill.
 Dr. M. J. Hill has located at Holcomb, Ill.
 Dr. M. Zilliken has located at Milton, Ill.
 Dr. D. E. Spoor has located at Holly, N. Y.
 Dr. E. E. Holman has located at Warren, Ill.

Dr. G. E. Richards has located at Amboy, Ill.

Dr. J. H. Crawford has located at Mirabile, Mo.

Dr. Frank Eastman is practicing at Atlanta, Ga.

Mrs. Dr. R. C. Sabin has located at Laporte, Ind.

Dr. Wm. B. Krider has located at Goshen, Ind.

Dr. E. A. Brown has located at Mazomania, Wis.

Dr. Olive M. Patton has located at Oshkosh, Wis.

Dr. D. E. Foristall has located at Crinell, Iowa.

Dr. Charles E. Stewart has located at Chebanse, Ill.

Mrs. Dr. M. V. Sibly has removed from Augusta to Eastport, Me.

Dr. Lizzie P. James has removed from Decatur to Springfield, Ill.

Dr. Henry C. Suess has removed from Philadelphia, Pa., to Drake, Mo.

Dr. J. T. Thatcher has removed from Atchinson, Kan., to Oregon, Mo.

Dr. J. F. Deyo has removed from No. 325 to No. 306 West 27th street, New York.

Dr. S. A. Johnson has removed from Browne Centre, Mich., to Fremont, Neb.

Dr. G. E. Chandler has removed from Springfield, Ohio, to Three Rivers, Mich.

Dr. Thomas Wilder has removed from No. 35 to No. 37 West 23d street, New York.

Dr. Millie J. Chapman has removed from 107 Race st., to 216 Penn ave., Pittsburgh, Pa.

Dr. A. P. Hanchett has located at Marengo, Ill. He reports prospects good and business increasing.

Dr. E. A. Farrington has removed from 1616 Mt. Vernon street, to his new offices at 1738 Green street, Philadelphia.

Dr. J. H. Buffman has removed from Pittsburgh, Pa., to 201 East Twenty-third street, New York, having been elected resident surgeon of the New York ophthalmic hospital.

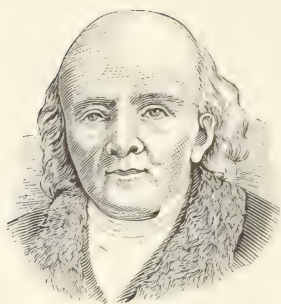
A department of Gynæcology has been established in the *North American Journal of Homœopathy*. It will be in charge of Prof. Lunlam, and will open with the August number which brings a new volume.

Dr. Alfred Wanstall, (late resident surgeon of the New York ophthalmic hospital,) has opened an office at 124 North Charles street, Baltimore, Md., and will devote himself exclusively to the treatment of diseases of the eye and ear.

GOODYEAR'S POCKET-GYMNASIUM

Those elastic tubes do really make elegant light gymnastics, and they are sufficiently powerful to put the strongest man to his utmost, and yet cannot over-weary the most delicate lady, as the heavier gymnastics are apt to do. They may be hooked to the wall, ceilings or floor; or, exercised by the arms only. Two may exercise each other very pleasantly. Physicians may without hesitation recommend them to such as require gymnastic exercise. These goods may be ordered of Hallock, Holmes & Co., 108 Madison street, Chicago.

PUBLISHERS' PARAGRAPHS.



JUNE, 1878.

One year ago the AMERICAN HOMŒOPATHIST made its bow to the medical profession and entered upon a career of usefulness. To-day, standing upon the threshold of its second year, it sends greeting to its many readers, thanks them for their encouragement, and assures them that it will spare no endeavor to be more than ever worthy of their patronage. No periodical ever achieved a permanent position without a struggle. The HOMŒOPATHIST is no exception to this rule. It has gained its present footing in the journalistic world by hard work. In spite of the long-continued and universal financial depression, it has *achieved a success* and is to-day one of the institutions of the country.

The second volume of the AMERICAN HOMŒOPATHIST started out under the most favorable auspices, and with the best wishes and encouragement of the more enthusiastic members of our school. The management has tried to make the contents of each number practical and at the same time interesting.

With the July issue the HOMŒOPATHIST enters upon a new year and volume. In announcing this event in its history it is made

with a firm belief that it will advance another step toward that goal for which it aims—the advancement of the healing art by the law of similia, and the acme of medical journalism.

All articles for publication should be addressed to the editor, J. P. Mills, M.D., 125 Western avenue, Chicago. Subscriptions, advertisements, etc., to A. L. Chatterton & Co., 121 Dearborn street, Chicago.

Subscribers who have not received *all* back numbers, will confer a favor by informing us immediately.

Postage stamps of the 2-cent or 3-cent denomination may be used when necessary to remit fractions of a dollar.

Subscribers wishing to bring the HOMŒOPATHIST to the notice of their friends, can have *specimen copies without charge* mailed directly from this office, by sending the address to us.

The receipt of subscription will be acknowledged by sending the HOMŒOPATHIST to the address of the person ordering it.

In addressing the publishers, please give your Post Office, County, and State, with name of street and number (if any), in full.

In remitting for single subscriptions it will usually be safe to send in a *well-sealed, plainly-directed* envelope; but in sending larger sums always procure a Post Office Money Order or send in Registered Letter.

Persons ordering a change in the direction of this journal must give both the *old* and the *new* address in full. No change can be made after the 25th of any month in the address of the journal for the following month.

Subscribers will oblige us by renewing their subscriptions a short time before they expire. This saves us the labor of erasing the names and re-entering them upon our books, and also insures the prompt receipt of the journal by the subscriber.

SHARP & SMITH,

MANUFACTURERS AND DEALERS IN

Surgeons' Instruments

AND

PHYSICIANS' GOODS.

WESTERN AGENTS FOR

Geo. Tiemann & Co.'s Celebrated Surgical Instruments,

And Jerome Kidder's Batteries,

Manufacturers and Importers of

ALL KINDS OF SURGEONS' INSTRUMENTS AND APPLIANCES

FOR THE

Mechanical Treatment of all DEFORMITIES, Debilities, and Deficiencies of the Human Frame.

ARTIFICIAL ARMS AND LEGS.

No. 100 RANDOLPH STREET,

Between Clark and Dearborn Sts.

CHICAGO.

INSTRUMENTS AND BATTERIES REPAIRED.

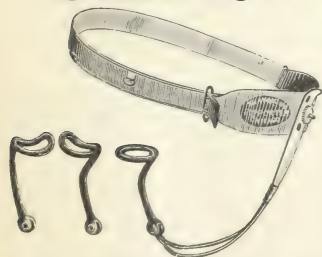
YOU SHOULD TRY

One of these Supporters if you wish to benefit your patients. Remember, I will take back any instrument that is not satisfactory to both patient and physician after one week's trial, if it cannot be made satisfactory by changing the ring, and will cheerfully and promptly refund the money. PLEASE DO NOT FORGET IT. *Send for Circular.*

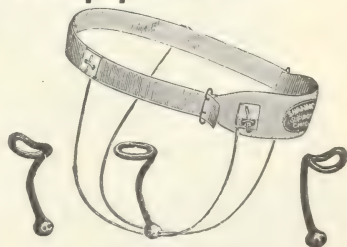
Shannon Uterine Supporters

For the Successful
Treatment
of all
Displacements
of the

WOMB.



SELF-ADJUSTING SUPPORTER.



ELASTIC SUPPORTER.

J. S. Shannon, 27 Washington St., Chicago.



The attention of the medical profession is invited to this instrument as the most perfect ever invented for treating Prolapsus Uteri, or Falling of the Womb. It is an Abdominal and Uterine Supporter combined.

The Abdominal Support is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

The Uterine Support is a cup and stem made of very highly polished hard rubber, very light and durable, shaped to fit the mouth of the womb, with openings for the secretions to pass out, and which can be bent to any curve desired, by heating in very hot water.

The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic adapt themselves to all the varying positions of the body and perform the service of the ligaments of the womb.

The Instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer in all cases of Anteversion, Retroversion, or any flexion of the Womb, and is used by the leading Physicians with never failing success even in the most difficult cases. Price—To Physicians, \$8.00; to Patients, \$12.00.

Instruments sent by mail, at our risk, on receipt of price, with 16 cts. added for postage; or by Express C.O.D.

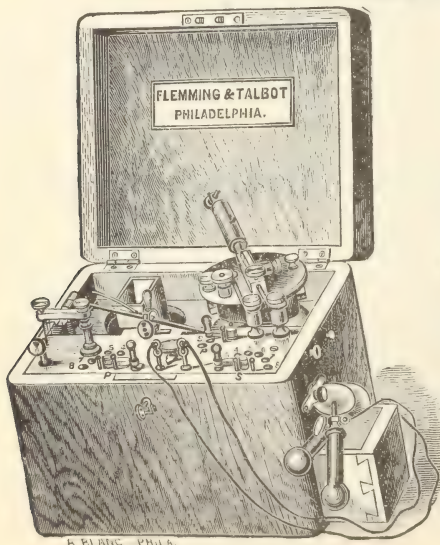
Dr. McINTOSH'S NATURAL UTERINE SUPPORTER COMPANY,
296 West Lake Street, Chicago, Ill.

Our valuable Pamphlet, "Some Practical Facts about Displacements of the Womb," will be sent you free on application.

Wanted.

We will pay twenty-five cents, or, will send a binding case free, for the November number (1877,) of the HOMŒOPATHIST. Address, A. L. Chatterton & Co., 121 Dearborn Street, Chicago.

FLEMMING & TALBOT, MANUFACTURERS OF ELECTRO-MEDICAL BATTERIES, PHILADELPHIA, PA.



In improvement of design, delicacy of adjustment, elegance of finish and adaptability to all the wants of the profession, our Batteries are not only not surpassed, but are not equaled by any other Batteries, American or Foreign, in the market. They received the First Award at the Centennial, and are now used and recommended by the highest medical authorities in the country.

We have made arrangements with Messrs. Fleming & Talbot, to act as Special Agents for the sale of their Batteries, and have no hesitation in saying that their Batteries are as absolutely perfect as science, experience and workmanship can make them.

Send for Catalogue to

SHARP & SMITH,
AGENTS,

100 Randolph St., Chicago, Ill.

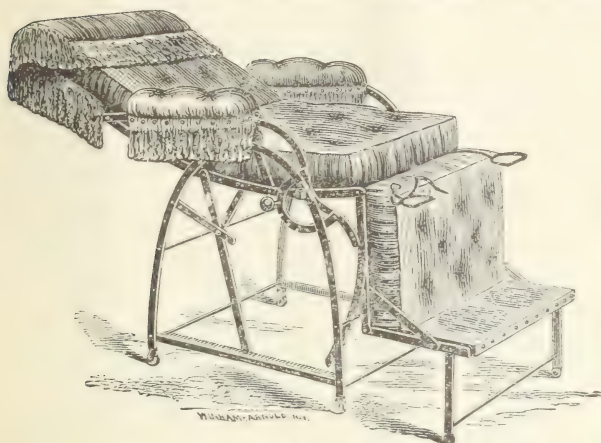
NO. 3 FARADIC BATTERY.

H. BLANC - PHILA.

The Wilson Patent Adjustable Iron Operating Chair

FOR PHYSICIANS.

NO OFFICE COMPLETE WITHOUT IT.



It can be tilted clear back level, and the foot elevated, thus making it most convenient for

Surgical Operations,

ALSO,

Invalids' Reclining and Self-Propelling

WHEEL CHAIRS,

The Best in the Country, with Thirty changes of Position.

IRON BEDSTEADS,

FOR

Hospitals, Asylums, and Private Families.

Send for Circular to the manufacturers.

MATHIAS KLEIN,

235, 237 & 239 South Dearborn Street, Chicago, Ill.

JAS. E. GROSS, M.D.

NORTHWESTERN

JNO. B. DELBRIDGE.

HOMŒOPATHIC PHARMACY,

GROSS & DELBRIDGE.

COMPLETE ASSORTMENT OF MEDICAL SUPPLIES.

Medical Books, Surgical Instruments,

WESTERN AGENTS FOR

**BOTSFORD'S HAMAMELIS,
DR. DORRIS' VACCINE VIRUS.**

PUBLISHERS OF THE

PHYSICIANS' CONDENSED ACCOUNT BOOK,

An Epitomized System of Book-Keeping, avoiding the necessity of separate Journal, Day Book and Ledger; combining System, Accuracy and Easy Reference, with a minimum of labor.

Price \$3.50. Send for Sample Sheets.

NEW REMEDY.---Alstonia Constricta. The New Remedy, introduced by Dr. Cathcart, of Australia, and noticed in the HOMŒOPATHIST for October, we can now supply Physicians at 50 cents per ounce. Sample free on receipt of stamp. Address,

GROSS & DELBRIDGE,

Homœopathic Pharmacy.

No. 48 Madison Street, Chicago.

VACCINE VIRUS.

In order to meet the properly continued demand upon us for Animal Virus, we have established stables for its propagation upon carefully-selected heifers. The lymph used is of the well-known "Beaugency" stock, imported by ourselves expressly for this purpose. The result of several years' experience in supplying this lymph leads us to believe that its excellence is unsurpassed. The establishment is under the care of a competent physician, who will spare no pains to produce a perfectly RELIABLE and PURE article, which we are prepared to furnish FRSH, DAILY.

We can also furnish, to those who prefer it, Humanized Virus, from healthy children, procured for us by physicians of undoubted reliability.

All our Virus is put up in strong, *air-tight packages*, for safe conveyance by mail or express, and will be sent (postpaid if by mail) upon the following terms:

From the Heifer , 10 large Ivory Points, well charged on both sides.....	\$1 50
Five large Ivory Points.....	80
Large Ivory Points, less than five..... " " " " each.....	25
One Crust, new method, in air-tight Glass Capsule.....	2 00
From Healthy Infants , 10 small Ivory Points.....	1 50
One Crust from Unruptured Vesicles.....	2 00

Directions for vaccinating with either form of Virus, derived from methods successfully employed, will be furnished with Virus if requested.

We will warrant every package of Points and every Crust, giving a fresh supply in case of failure reported within fifteen days for Points, thirty days for Human, and ninety days for Kine Crusts. We can usually furnish Crusts one remove from the heifer if preferred.

On account of their unreliability, we have hitherto furnished the usual form of Kine Crust unwillingly. Under our new method of taking and preserving them, however, after careful tests and an experience extending over several months, the results attained have been so satisfactory that we now offer them as not less active and reliable than other forms of Virus, while less liable to become inert with lapse of time. We now offer them on very favorable terms, and recommend them for transmission to a distance and in all cases where it is desired to preserve Virus for some weeks or months, or to keep a supply at hand for emergencies.

We also furnish Uncharged Ivory Points, for physicians' use, at the following rates:

Small.....	per 100, 25 cents ; per 1,000	\$ 2 00
Large.....	per 100, 50 cents ; per 1,000	4 00

Orders by mail or telegraph answered by return train.

Liberal discounts upon large supplies for Cities, Towns, and Institutions.

New Illustrated Catalogue of Surgical Instruments, postpaid, on request.



Scarifying Vaccinator. Steel and Nickel Plated. See cut. Each 25 cents.

CODMAN & SHURTLEFF,

MAKERS AND IMPORTERS OF

Superior Surgical Instruments,

13 & 15 TREMONT ST., BOSTON, MASS.

There is no Doubt

That thousands of children die from deficient or improper nourishment, and Mothers and Nurses should see to it that the infant constitution is built up and strengthened by proper food before the trying

SUMMER MONTHS

come, which are the most dangerous to infant life. For this emergency

Ridge's Food **For INFANTS and INVALIDS**

has the endorsement of the Matrons and Physicians of the principal Infant Asylums and Lying-in Hospitals in the United States, and Physicians of all schools have given it their unqualified approval as a **HIGHLY NUTRITIOUS** and easily assimilated food, and especially adapted for *Infants and growing children.*

Ridge's Food **For INFANTS and INVALIDS**

is also specially adapted to adults suffering from weakness of the digestive organs, and, therefore, those afflicted with any symptoms of **INDIGESTION** will find, on trial, it has all the qualities that have been claimed for it, and all that they can desire in the way of nutrition and strength.

WOOLRICH & CO., on every label.

THE INCREASING SALES,

notwithstanding the stringency of the times and the fact that the success of this as a standard preparation has induced many others to enter the field with preparations of varied value,

Is a Sure Proof

THAT

Ridge's Food **For INFANTS and INVALIDS**

is all that is claimed for it.

Mothers, Nurses and Invalids

can rely upon this preparation as one

OF TRUE MERIT.

It is suited to the weakest stomach and at the same time has life-giving and bone-forming properties attained by no other. The reason of this is found in the fact that

Ridge's Food **For INFANTS and INVALIDS**

is a *cooked* food, prepared upon scientific principles, and in many cases of enfeebled constitutions will perform what no amount of medical skill can do.

Put up in four sizes, with WOOLRICH & CO., on every label. Sold everywhere by Druggists.

The Summer Months

in our large cities is the critical period of infant life as shown by the bills of mortality, compared with the other months of the year. As a dietetic, in cases of *Cholera Infantum, Dysentery, Chronic Diarrhoea, Cholera,*

Ridge's Food **for Infants and Invalids**

has been found particularly beneficial, as attested by many flattering testimonials received during the last six years from well-known physicians of every school, and also from Directors of Public Institutions of the United States.

Adults suffering from *Dyspepsia, Prostration of the System, and General Debility*, will also find in

Ridge's Food **For INFANTS and INVALIDS**

the desideratum for weak stomachs, being easily digested and assimilative, and, at the same time, containing in itself all that is necessary to nourish every part of the human body.

Sold by Druggists everywhere. None genuine unless WOOLRICH & CO. is on every label.

SAVE THE NATION!

For it is sadly too true that thousands of **CHILDREN** are **STARVED TO DEATH** every year by improper or insufficient **FOOD.**

Remember,

Ridge's Food **for Infants and Invalids**

Is all and a great deal more than we have claimed for it. It is simply a **HIGHLY NUTRITIOUS** and easily assimilated **FOOD**, grateful to the most delicate and irritable stomach, and especially adapted for the **INFANT** and **GROWING CHILD.**

Invalids, Nursing Mothers,

and those suffering from *Indigestion* will find on trial that

Ridge's Food **For INFANTS and INVALIDS**

is all they can desire. It is carefully up in four sizes. Constant users will find our No. 4 size (always the most economical size to buy) now much larger than formerly, thus materially lessening the expense.

WOOLRICH & CO. on every label.

EDWIN M. HALE, M.D.,

65 Twenty-Second St.,
CHICAGO.

Specialties. (DISEASES OF THE UTERUS)
(TREATMENT OF STERILITY)

Consultations by letter or personally. Physicians sending patients will please send written history of the case and its treatment.

\$3.00.

The Homœopathic World, London, Eng., (monthly, \$2) and the American Homœopathist, Chicago, (monthly, \$2) to any address, one year, post-paid, for \$3.00. Address

W. A. CHATTERTON,
145 LaSalle Street, Chicago.

HOMŒOPATHY

THE SCIENCE OF

THERAPEUTICS

A collection of Papers elucidating and illustrating the Principles of Homœopathy.

BY CARROLL DUNHAM, M.D.,

Price, \$4. Svo. Cloth.

Will be sent, post paid, on receipt of price.

Address.

CARROLL DUNHAM, Jr.
IRVINGTON-ON-HUDSON, N. Y.

Boston University School of Medicine.
OPEN TO BOTH SEXES.

It furnishes a complete graded course of three years' study. *Summer Term*, (optional,) commences March 12, 1877; continues twelve weeks. *Winter Term*, for lectures, commences Wednesday Oct. 3, 1877; continues twenty-one weeks.

Further information may be obtained of the Dean, I. T. TALBOT, M.D., 66 Marlboro' St., or of the Registrar, J. H. WOODBURY, M.D., 163 Boylston St., Boston.

Pulte Medical College,

CINCINNATI, OHIO.

The Leading Clinical School.

Two Complete Graduating Terms.

First Term begins October 3d, 1877.

Second Term begins February 8th, 1878.

FEES, \$50.

Send for the Annual Announcement.

J. D. BUCK, M.D., Registrar,
305 Race St., Cincinnati, Ohio.

New York Homœopathic Medical College.

Sessions commence first Tuesday in October, and close about the 1st of March.

Clinical and hospital advantages unsurpassed by any medical college in the country.

Graded or Perpetual Ticket, - - - \$160
Single course, - - - - - 100
Graduation fee, - - - - - 30

For further information and announcements address

J. W. DOWLING, M.D., Dean,
568 Fifth Avenue, New York.

MISSOURI SCHOOL

OF MIDWIFERY

Anatomy, Physiology, Midwifery, Diseases of Women and Children taught practically at bedside in Maternity Hospital. The Hospital is open to ladies in confinement, and the medical and surgical treatment of diseases of women and children. Mrs. S. SCHIERECK, Resident Midwife. Write for circulars. Dr. WM. C. RICHARDSON, President, 3234 North Tenth Street, St. Louis, Mo.

The Homœopathic Medical College

OF PHILADELPHIA.

Now in its Twenty-ninth year; the oldest Homœopathic college in the world; has nearly 1,200 graduates.

This Institution offers unequalled facilities for acquiring a thorough medical education; has a museum of over 5000 specimens; a library of 2000 volumes; gives opportunity for the *practical* study of

Anatomy, Surgery, Obstetrics, and Chemistry; every advanced student furnished with cases of obstetrics. For announcement, address

A. R. THOMAS, M.D., Dean,
1628 Locust St. Philadelphia, Pa

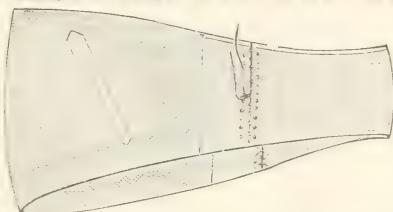
BLISS' PRAIRIE CASES.
 BLISS' AMPUTATING CASE... 1 1/2
 " POCKET " " 1 1/2
 " OPERATING " " 1 1/2
 " OBSTETRICAL " " 1 1/2

S. S. BLISS,
 70 State Street,
CHICAGO.

ESTABLISHED 1858.
**New Goods, No Old Stock,
 Low Rent and Expenses.**
Send for Price List and Catalogue.

SURGICAL INSTRUMENTS AND APPLIANCES.

ELASTIC STOCKINGS,
 KNEE-CAPS, ETC.,
 FOR
 ENLARGED VEINS.
 TRUSSES,
 ARE TRUMPETS,
 CRUTCHES.



MAGNETIC BATTERIES
 ANATOMICAL
 PREPARATIONS
 AND CHARTS.
 INSTRUMENTS
 REPAIRED
 AND POLISHED.

BLISS' ABDOMINAL SUPPORTER, \$6.

New England Medical Gazette,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MEDICINE, SURGERY,

And the Collateral Sciences.

Terms, \$3. per annum in advance.

OTIS CLAPP & SON,
 PUBLISHERS.

New England Homœopathic Pharmacy,

Importers. Manufacturers and Dealers in

HOMŒOPATHIC DRUGS, ETC.,

3 Beacon Street, Boston.



The best kind of work at reasonable rates. Cuts for
 Druggists' Labels, Surgical Apparatus, etc. a specialty.

ESTABLISHED 1865.

H. D. Garrison, M.D. H. E. Clark. A. L. Clark, M.D.

GARRISON & CLARK,

**MANUFACTURING
 CHEMISTS AND DRUGGISTS,**

511 STATE STREET.

CHICAGO,

Fluid Extracts,
 Solid Extracts,
 Tinctures,
 Sugar-Coated Pills, &c.

We make a specialty of Physicians' orders,
 and supply everything in that line at lowest
 market rates.

Doctor's Phaetons

A SPECIALTY,

A T

H. J. Edwards' Carriage Repository,

235 Waaash Avenue,

Corner Jackson St.

CHICAGO.

MISSOURI Homœopathic College

ST. LOUIS, MO.

TWENTIETH ANNUAL SESSION.

BEGINNING OCTOBER 9, 1878, AND ENDING MARCH 1, 1879.

FACULTY OF MEDICINE.

E. C. FRANKLIN, M.D.,
Professor of Operative and Clinical Surgery.

A. S. EVERETT, A.M., M.D.,
Professor of Anatomy.

PHILO G. VALENTINE, A.M., M.D.,
Professor of Theory and Practice.

ADOLPHE UHLEMAYER, M.D.,
Professor of Materia Medica and Therapeutics.

C. W. SPALDING, M.D.,
Professor of Physiology and Histology.

WM. C. RICHARDSON, M.D.,
Professor of Obstetrics.

J. C. CUMMINGS, A.M., M.D.,
Professor of Clinical Medicine.

W. A. EDMONDS, M.D.,
Professor of Diseases of Children.

J. MARTINE KERSHAW, M.D.,
Professor of Brain and Nervous Diseases.

WILLIAM STORY, M.D.,
Adjunct Professor of Materia Medica and Therapeutics.

IRENÆUS D. FOULON, A.M., LL.B.,
Professor of Medical Jurisprudence.

FEES.

Fees for one Course of Lectures.....	\$50 00
Matriculation Fee	5 00
Practical Anatomy and Surgery, each	10 00
Graduating Fee	25 00

Graduates from other Colleges	30 00
Fee for Graded Course, including Lectures for the entire term of three years or longer, issued only to students who agree to attend three Courses of Lectures, invariably in advance.....	100 00

COLLEGE CLINICS.

GYNÆCOLOGICAL CLINIC.—Mondays, from 3 to 4 P. M., by Prof. Wm. C. Richardson.

OPHTHALMIC AND AURAL CLINIC.—Tuesdays, from 12 to 1 P. M., by Dr. J. A. Campbell.

SURGICAL CLINIC.—Wednesdays, from 2 to 3 P. M., by Prof. E. C. Franklin.

GENERAL MEDICAL CLINIC.—Thursdays, from 1 to 2 P. M., by Prof. J. C. Cummings.

CLINIC FOR BRAIN AND NERVOUS DISEASES.—Fridays, from 1 to 2 P. M., by Prof. J. Martine Kershaw.

MEDICAL CLINIC.—Saturdays, from 1 to 2 P. M., by Professor Uhlemayer. *

Also a Weekly Clinic at the City Hospital, and the Good Samaritan Hospital.

For Announcement and further particulars address,

E. C. FRANKLIN, M.D.,
Dean,
1402 Olive Street,

PHILO G. VALENTINE, A.M., M.D.,
Registrar,
Cor. Fourteenth Street and Chouteau Ave.

